PRINTED: 10/18/2019 FORM APPROVED

State of \	late of Virginia							
	OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA	(X2) MULTIPLE	CONSTRUCTION	(X3) DATE SURVEY			
AND PLAN (F GORRECTION	IDENTIFICATION NUMBER:	A. BUILDING:		COMPLETED			
		_						
		VA0119	B. WING					
		AWALIA			09/26/2019			
NAME OF P	ROVIDER OR SUPPLIER	STREET A	DORESS, CITY, STA	ATE, ZIP CODE				
			EBURN MOUNT					
HERITAGE	HALL WISE	WISE, VA		AND NORD				
	CI MANAGO OT		1		·····			
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TAG		LSC IDENTIFYING INFORMATION)	TAG	CROSS-REFERENCED TO THE APPROPR	BE COMPLETE DATE DATE	•		
			1	DEFICIENCY)	-			
				<u> </u>		-		
F 000	Initial Comments		F 000	POC Cross Reference for Licensure		- 1		
				l d d d d d d d d d d d d d d d d d d d				
	An unannounced bier							
	Inspection was conducted 9/24/19 through 9/26/19. The facility was in not compliance with the Virginia Rules and Regulations for the							

				Cross reference POC for F-684 to VA	. 5-			
	icensure of Nursing Facilities.		371-220 (A), (B), and (D)		- 1			
			1	,				
	The census in this 97	bed facility was 91 at the						
	time of the survey. T	he survey sample consisted	ŀ	Cross reference POC for F-697 to VA	.5-			
	of 23 current Residen	it reviews and 3 closed	371-220 (A), (B), and (D)					
	records. There were	also 2 complaints		, , , , , ,				
	invesstigated during t							
ļ				Cross reference POC for F-755 to VA	L 5-			
			1	371-300				
	VA 5-371-220 (A), (B) and (D) Please cross				ı		
	reference to F-684	, a. a. (2)				١		
	TOTAL TO THE TOTAL		1	Cross reference POC for F-760 to VA	.5-	- 1		
	VA 5-371-220 (A), (B) and (D) Please cross		371-220 (B)				
	reference to F-697) and (D) Flease Cluss				- 1		
	1919191109 ID 1 -037		•			- 1		
	VA C 274 200 Dim.	use cross reference to F-755				- 1		
	VA 3+3/1+300 Piez	ise cross reference to F-755						
	1/4 5 374 335 (B) B							
		lease cross reference to				Ī		
	F-760		1					
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LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE

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(X8) DATE

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PRINTED: 10/18/2019 FORM APPROVED OMB NO. 0938-0391

AND PLAN OF	CORRECTION	IDENTIFICATION NUMBER:	A. BUILDING		COMPLETED
		495350	B. WING	man district the second	C 09/26/2019
	OVIDER OR SUPPLIER		943	REET ADDRESS, CITY, STATE, ZIP CODE 4 COEBURN MOUNTAIN ROAD SE, VA 24293	00/20/2010
(X4) ID PREFIX TAG	(EACH DEFICIENC	ATEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD E CROSS-REFERENCED 10 THE APPROPRI DEFICIENCY)	SE COMPLETION
E 000	Initial Comments		E 000		-
F 000	survey was conducted 09/26/19. The facility compliance with 42 Complia	was in substantial CFR Part 483.73, g-Term Care Facilities. Gedicare/Medicaid standard ad 9/24/19 through 9/26/19. ired for compliance with 42	F 000		
F 563 SS=D	at the time of the sur- consisted of 23 curror closed record review complaints investiga Right to Receive/De CFR(s): 483.10(f)(4) §483.10(f)(4) The re- visitors of his or her- her choosing, subje- deny visitation wher- that does not impos- resident. (ii) The facility must a resident by immed of the resident, subj- deny or withdraw co (iii) The facility must a resident by others consent of the resid- clinical and safety r	sident has a right to receive choosing at the time of his or cot to the resident's right to applicable, and in a manner e on the rights of another provide immediate access to diate family and other relatives ect to the resident's right to	F 563	F563 Corrective Action(s) Resident #20's son has been notified the administrator that the no trespassi notification that was sent to him has a revoked and he is able to visit his mo as he wishes during established visital hours. Identification of Deficient Practices & Corrective Action(s): All residents may have potentially be affected. The Administrator and/or S Services director will review 100% of clinical records to identify residents with may have been denied their right to visitation. An incident & accident re has been completed for all negative findings.	ng ocean ther stion S S S S S S S S S S S S S S S S S S S

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.

AND PLAN OF CORRECTION IDENTIFICATION NUMBER: A. BUILDING COMPLETED C	1
ADESED B MANG	.
NAME OF PROVIDER OR SUPPLIER 495350 STREET ADDRESS, CITY, STATE, ZIP CODE	19
9434 COEBURN MOUNTAIN ROAD	
HERITAGE HALL WISE WISE, VA 24293	
PREFIX (EACH DEFICIENCY MUST BE PRECEDED BY FULL PREFIX (EACH CORRECTIVE ACTION SHOULD BE COMP	X5) PLETION ATE
F 563 Continued From page 1 (iv) The facility must provide reasonable access to a resident by any entity or individual that provides health, social, legal, or other services to the resident, subject to the resident's right to deny or withdraw consent at any time; and (v) The facility must have written policies and procedures regarding the visitation rights of residents, including those setting forth any clinically necessary or reasonable restriction or limitation or safety restriction or limitation, when such limitations may apply consistent with the requirements of this subpart, that the facility may need to place on such rights and the reasons for the clinical or safety restriction or limitation. This REQUIREMENT is not met as evidenced by: Based on clinical record review, Resident interview, and during the course of a complaint investigation, it was determined that the facility shalf failed to allow 1 of 26 Residents in the survey sample to receive visitors of choice, Resident # 20. The findings included The facility staff failed to allow Resident # 20 to visit with her son at the facility on 12/10/18 and had a readmission date of 7/70/19. Diagnoses included but were not limited to, major depressive disorder, anxiety, hypertension, and muscle weakness. The clinical record for Resident # 20 was reviewed on 9/25/19 at 10:00 am. The most review Month of the resident set of the facility of the resident set of the resident set of the dealth set of the resident set of the resident set of the facility and the resident set of the facility of the resident set of the set of the facility of the resident set of the facility of the facility set	

	DEFICIENCIES CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULT A. BUILDI	TIPLE CONSTRUCTION NG		(X3) DATE COMP	SURVEY LETED	,
		495350	B. WING				C 26/201	9
	ROVIDER OR SUPPLIER			STREET ADDRESS, CITY, STATE, 2 9434 COEBURN MOUNTAIN ROA WISE, VA 24293		1 637	20120 1	3
(X4) ID PREFIX TAG	(EACH DEFICIENC	ATEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL LSC IDENTIFYING INFORMATION)	ID PREFI TAG	X (EACH CORRECTIVE CROSS-REFERENCED)			(X COMPL DA	ETION
F 563	Resident # 20 was a an ARD (assessment Section C of the MDS patterns. In Section C documented that Resinterview for mental swhich indicated that status was severely in The current plan of creviewed and revised documented a "Probas, "Resident # 20 is attend and participat does refuse on most active by music, interesident # 20 has vecontact as family visit is spending time with On 9/26/19 at 9:06 a an interview with Resurveyor asked Resident # 20 stated withheld) had visited observed Resident # 20 stated withheld) in a while." or so, maybe even lefirst born." The surve why she had not see Resident # 20 stated are not allowed to coin some trouble and here."	quarterly assessment with a reference date) of 7/31/19. Sassesses cognitive 20500, the facility staff sident # 20 had a BIMS (brief status) score of 7 out of 15, Resident # 20's cognitive mpaired. are for Resident # 20 was at an 8/6/19. The facility staff dem/Need" for Resident # 20 invited and encouraged to be in activities, however she days. Resident # 20 remains racting with others etc. Bury good family support and the daily. Her favorite activity in family." In the surveyor conducted sident # 20 in her room. The dent # 20 if her son (name her lately. The surveyor \$ 20 as she became tearful. It, "No I haven't seen (name and that." "He was my beyor asked Resident # 20	F	563			000000000000000000000000000000000000000	ZHO MINED

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STATEMENT (AND PLAN OF	OF DEFICIENCIES CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	1 '	JULTIPLE CONSTRUCTION (X3) DATE SUF		ETED .	
		495350	B. WING			09/2	; 26/2019
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F 563	son informed the sur allowed to visit Resident # 20's son trouble and I never of wheelchair." "I am pa letter and said I ca or any of their other be arrested." "I just see my mother." "Si be here much longer on 9/26/19 at 9:22 the facility administration daughter had been facility administration administration warranted the decisexplained that Resident # 20's sor banned from the facility administration warranted the decisexplained that Resident # 20's sor banned from the facility administration warranted the decisexplained that Resident # 20's sor banned from the facility administration warranted the decisexplained that Resident # 20's sor would come in three one of the nurses the surveyor asked if the daughter threatener administrator state daughter would. The Resident # 20's day on Resident # 20's day on Resident # 20's other daughter party. The administration assistance, and see meeting for all of the surveyor all of the procession	rveyor that he was not dent # 20 in the facility. stated, "That said I caused opened my mouth." "I am in a araplegic." "They just sent me in't come to the nursing home properties, and if I do, I would hate that I am not allowed to ne is 86 years old." "She won't er." am, the surveyor interviewed rator. The surveyor asked the rif Resident # 20's son and banned from the facility. The rinformed the surveyor that in and daughter had been cility. The surveyor asked the rif what happened that sion. The facility administrator ident # 20's son and daughter it # 20 around 7:30pm or would be getting ready to go to The administrator stated they natening the nurses, and that brought pepper spray. The both Resident # 20's son and	F	563			

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	OF DEFICIENCIES CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULT A. BUILDI	IPLE CONSTRUCTION NG	***************************************	(X3) DATE COMP	
		495350	B. WING			09/) 26/2019
, ,	ROVIDER OR SUPPLIER			STREET ADDRESS, C 9434 COEBURN MO WISE, VA 24293	CITY, STATE, ZIP CODE DUNTAIN ROAD		
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F 563	meeting and turned if The administrator infinithe care plan meeting continued to come in caused the facility nu administrator stated, with them I decided to leave and they would contacted the police and daughter escorte administrator stated daughter asked if the one last time and we Resident # 20's daugupset. The surveyor following the intervier provided during the Resident # 20's daugupset. The surveyor following the intervier provided during the Resident # 20's daugupset. The surveyor son had caused any him being banned from asked the administrator son had caused any him being banned from asked the administrator son had caused any him being banned from asked the administrator son the facility to create the surveyor with a cause the facility to create the surveyor observed do plan meeting summary the surveyor observed do plan the	tinto a bashing session." The primed the surveyor that after a Resident # 20's daughter making threats, which areses to cry. The "After several discussions to go the route to ask them to a not." The facility then to have Resident # 20's son and the second visit Resident # 20 are allowed to, but that a sher got Resident # 20 are allowed to, but that the information that he anterview supported that a sher caused issues within of the information provided a reflected that Resident # 20's a issues that would support for the facility. The surveyor after to provide documentation occurred when Resident # ed any disturbances within an unsafe environment. The administrator provided copy of the "Care Plan that was held on 3/5/19. The locumentation on the care any that Resident # 20's son and the meeting. The rovided the surveyor with lent/Visitor Incident Witness and were documented on	F	563			

DEPARTMENT OF HEALTH AND HUMAN SERVICES

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CENTERS	FOR MEDICARE & I	MEDICAID SERVICES					<u>. 0938-0391</u>
TATEMENT O	F DEFICIENCIES CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	1 ' '		E CONSTRUCTION	(X3) DATE: COMPI	
		495350	B. WING		Principal Control of the Control of	09/2) 26/2019
NAME OF DE	ROVIDER OR SUPPLIER			,	STREET ADDRESS, CITY, STATE, ZIP CODE		
NAME OF TH	O TO TO THE TOTAL			;	9434 COEBURN MOUNTAIN ROAD		
HERITAGE	HALL WISE		,	<u> </u>	WISE, VA 24293		
(X4) ID PREFIX TAG	(EACH DEFICIENC	ATEMENT OF DEFICIENCIES BY MUST BE PRECEDED BY FULL LSC IDENTIFYING INFORMATION)	ID PREF TAG		PROVIDER'S PLAN OF CORRECTIO (EACH CORRECTIVE ACTION SHOULD CROSS-REFERENCED TO THE APPROP DEFICIENCY)	BE	(X5) COMPLETION DATE
F 563	that supported that F any disturbances that banned from the facilitation and from the series documentation that to, "You are hereby recode §18.2-119 that upon the building or name withheld) Nurwhatsoever. You are further notification will subject you to intrespasser or a war arrest and prosecute Court appointed guichical Record for I documentation that to, "Ordered that all Respondent being children's name with access to the care records of the Respondent with a limitations or restri Respondent's hear	Resident # 20's son caused at would warrant him being lility. so provided the surveyor with spassing Notification" that had not # 20's son that was dated spassing notification contained included but was not limited anotified pursuant to Virginia at you are forbidden to entering grounds of any (Facility sing Center for any reason fied that violation of this notice mediate arrest as a rant will be sworn for your	F	563	3		

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documentation that included but was not limited

Event ID: 4NL511

Facility ID: VA0119

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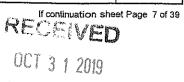
PRINTED: 10/18/2019 DEPARTMENT OF HEALTH AND HUMAN SERVICES FORM APPROVED **CENTERS FOR MEDICARE & MEDICAID SERVICES** OMB NO. 0938-0391 (X1) PROVIDER/SUPPLIER/CLIA

	F DEFICIENCIES CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	1	PLE CONSTR IG		(X3) DATE SURVEY COMPLETED	
		495350	B. WING	****			C
	ROVIDER OR SUPPLIER				DDRESS, CITY, STATE, ZIP CODE BURN MOUNTAIN ROAD 24293	1 09/	/26/2019
(X4) ID PREFIX TAG	(EACH DEFICIENC	ATEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL LSC IDENTIFYING INFORMATION)	ID PREFI TAG		PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD B CROSS-REFERENCED 10 THE APPROPRIA DEFICIENCY)	E ATE	(X5) COMPLETION DATE
F 563	subject to the resider protection of the right the facility. Policy Interpretation a 1. We recognize the contact with the commas lived or is familia permitted to have visi 13. Incidents of any was to be documented record or other facility. On 9/26/19 at 5:01 profinursing, and corpor informed that after the administrator, review record, the facility pobeen provided by the documentation that is Resident # 20's son fiviolated Resident # 2 The surveyor provide with the opportunity to provide any additional banning the son from administrative teams is questions to ask.	esidents to receive visitors of the other residents in and Implementation of resident's need to maintain munity in which he or she of the other resident is itors as he/she wishes. Itisitor's disruptive behavior in the resident's medical of approved form." on, the administrator, director orate nurse consultant were	F	63			
F 580 SS=D	conference on 9/26/1 Notify of Changes (Ir CFR(s): 483.10(g)(14 §483.10(g)(14) Notifi	9. njury/Decline/Room, etc.) 1)(i)-(iv)(15)	F.5	Resid been notify pain	ective Action(s) tent #85's attending physician has notified that the facility failed to the physician that resident #85's was not relieved with the ordered nedication.		

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Event ID: 4NL511

Facility ID: VA0119



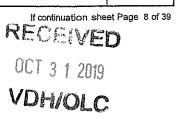
PRINTED: 10/18/2019 FORM APPROVED OMB NO. 0938-0391

	F DEFICIENCIES CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION (X3) DATE SURVE A. BUILDING COMPLETED				
		495350	B. WING			09/2	; 26/2019
NAME OF PE	ROVIDER OR SUPPLIER			ST	FREET ADDRESS, CITY, STATE, ZIP CODE	1 00/2	-0/2010
••				94	34 COEBURN MOUNTAIN ROAD		
HERITAGE	E HALL WISE			W	/ISE, VA 24293		
(X4) ID PREFIX TAG	(EACH DEFICIENC	ATEMENT OF DEFICIENCIES BY MUST BE PRECEDED BY FULL LSC IDENTIFYING INFORMATION)	ID PREFI TAG	1	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD I CROSS-REFERENCED TO THE APPROPRI DEFICIENCY)	3E ((X5) COMPLETION DATE
F 580	consult with the residence consistent with his consistent with his prepresentative(s) who (A) An accident involves in injury and physician intervention (B) A significant charmental, or psychosodeterioration in health status in either life-ticlinical complication (C) A need to alter that a need to discontinuate treatment due to advice the advice of the status in either life-ticlinical complication (C) A need to alter that a need to discontinuate treatment due to advice of the status in either life-ticlinical complication (D) A decision to transident from the fargument from the fargument information is available and prophysician. (iii) When making not (14)(i) of this section all pertinent information is available and prophysician. (iii) The facility must resident and the reside	dent's physician; and notify, in her authority, the resident en there ishing the resident which has the potential for requiring in; ange in the resident's physical, cial status (that is, a ith, mental, or psychosocial preatment significantly (that is, are an existing form of verse consequences, or to be orm of treatment); or insfer or discharge the cility as specified in stification under paragraph (g) in, the facility must ensure that ition specified in §483.15(c)(2) wided upon request to the sident representative, if any, in or roommate assignment is 3.10(e)(6); or ident rights under Federal or ions as specified in paragraph on.	L,	580	LPN #1 that failed to assess resident # after being notified of her unrelieved p and failed to notify the MD in a timely manner of resident #85's unrelieved ps is no longer employed at the facility. A Facility Incident & Accident form has been completed for this incident. Identification of Deficient Practices & Corrective Action(s): All other residents with physician order pain medications may have potentially been affected. The DON, ADON, Unit Manager, and/or designee will complet 100% review of all residents with physician ordered pain medications to identify resident at risk. All negative findings will be corrected at the time of discovery and the attending physician be notified. A facility Incident & Accident form has been completed for this incident. Systemic Change(s): The facility policy and procedure has been reviewed and no changes are warranted at this time. The 24 Hour Report serves as the source document communicating changes in condition, status, proper notification to the attent physicians and the responsible parties revision/updates to the comprehensive plan of care. The 24 Hour Report will reviewed and initialed daily by the Administrator, DON and Unit Manage The Licensed staff will be inserviced the DON and/or Regional nurse consultant on the Notification of Righ Services and issued a copy of the facil policy and procedure. The inservice v include staff education on Physician a RP notification for any change in residuations, treatments.	for ling and to be er. by vill nd	

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Event ID: 4NL511

Facility ID: VA0119



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STATEMENT O AND PLAN OF	F DEFICIENCIES CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULT A. BUILDII				BURVEY ETED
		495350	B. WNG_			00/3	: 26/2019
	ROVIDER OR SUPPLIER			94	REET ADDRESS, CITY, STATE, ZIP CODE 34 COEBURN MOUNTAIN ROAD ISE, VA 24293	1 00/2	.07.013
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F 580	§483.5) must disclosits physical configurations that compripart, and must speciforom changes between under §483.15(c)(9). This REQUIREMEN by: Based on resident in clinical record review notify the physician concerning pain man residents in the survey. The findings included Resident #85 report was experiencing in relieved by medication to the resident. LPM did not notify the phafter notification of predication given an increased pain. Resident #85 was regorded as with the foll limited to anemia, how vacular Disease, cand depression. On Data Set) with an A Date) of 9/18/19, the having a BIMS (Briescore of 9 out of a pressional hygiene as personal hygiene as part of the compression of the second of the pression of the pressio	istinct part (as defined in ite in its admission agreement ation, including the various ite the composite distinct for the policies that apply to be its different locations. T is not met as evidenced Interview, staff interview, and we the facility staff failed to be a change in the status agreement for 1 of 23 arey sample (Resident #85). Ind: Indicate the surveyor that she creased pain that was not son that was previously given at the creased practical nurse) #1 and the resident having Indicate the resident having Indicate the facility on cowing diagnoses of, but not igh blood pressure, Peripheral diabetes, Parkinson's disease in the annual MDS (Minimum RD (Assessment Reference eresident was coded as a finterview for Mental Status) possible score of 15. Resident das requiring extensive from members for dressing and and was totally dependent on 2	F	580	Monitoring: The DON and Unit Managers are responsible for maintaining compliance. The DON and/or Designee will comple MAR audits weekly for residents with physician ordered pain medication to monitor compliance. All Any/all negatifindings will be corrected at time of discovery and appropriate disciplinary action taken. Aggregate findings will be reported to the QA Committee for revianalysis and recommendation for charin facility policy, procedure and/or practice. Completion Date: 11/10/19	ive e ew,	
FORM CMS-2	staff members for b		 511	Fa	cility ID: VA0119 If contin	nuation she	et Page 9 of 39



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	F DEFICIENCIES CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	A. BUILDING	CONSTRUCTION	COMPLETED
		495350	B. WING		C 09/26/2019
	ROVIDER OR SUPPLIER		94	REET ADDRESS, CITY, STATE, ZIP CODE 34 COEBURN MOUNTAIN ROAD ISE, VA 24293	-
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F 580	On 9/25/19 at 9:25 a resident's room. Re surveyor at 9:30 am was constant. Surve nurse know about the and I took somethin nothing relieves it." (licensed practical in the statements that surveyor. LPN #1 s 6 hours and the next They increased her break through pain. I can call the doctor At 10:10 am, the Stresident's room and to assess her pain earlier. The resident been in here except checking on me. At me." At approxima requested the follow physician orders, c MAR (medication and nursing notes from the present time of on pain management at 10:24 am, the strecord of Resident surveyor that R	am, the surveyor went into the sident #85 stated to the that she was in pain and it eyor asked if she had let the his and she stated, "I have g earlier but it just still hurts, Surveyor spoke to the LPN hurse) #1 and notified her of the resident just made to the tated, "She gets Lortab every at time she gets it is 12 noon. Gabapentin for that reason of I guess if she keeps hurting,	F 580		

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	OF DEFICIENCIES CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	A. BUILDII		CONSTRUCTION	(X3) DATE COMP	SURVEY LETED
		495350	B, WNG_				C 26/2019
	ROVIDER OR SUPPLIER			94	TREET ADDRESS, CITY, STATE, ZIP CODE 134 COEBURN MOUNTAIN ROAD TISE, VA 24293	,	
(X4) ID PREFIX TAG	(EACH DEFICIENC	ATEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL LSC IDENTIFYING INFORMATION)	ID PREFI TAG	×	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD E CROSS-REFERENCED TO THE APPROPRI DEFICIENCY)	E	(X5) COMPLETION DATE
F 580	physician. There was in the resident's clinic concerning the reside increased pain or the the findings of this as documentation was a 3:10 AM. At 10:45 am, the sun The surveyor asked the pain of Resident notified her of the resident and no relief of documented per the resident at 9:25 am. can." The surveyor the been notified of the a LPN #1 stated, "No, I assess the resident At 11:22 am, the surmanager of the above asked when is the stiphysician for a reside pain with no relief remedication as voiced Unit manager replied pain right when you pain. If there is a chresident is not having medications already then the nurse shoul him of this." The unit nurse has called the orders for Tramadol twice a day for pain, action in place concerning the side of the concerning the side of the concerning	s no nursing documentation cal record dated for 9/25/19 ent being assessed for physician being notified of esessment. The last nursing documented for 9/25/19 at eveyor interviewed LPN #1. LPN #1 if she had assessed #85 since the surveyor had eident having complaints of pain from pain medication as surveyor's interview with the LPN #1 stated, "No, but I then asked if the doctor had above documented findings, the hasn't. I will call him after if needed." I weyor interviewed the unit re documented findings and aff to assess and notify the ent experiencing increased ceived from prescribed to by the resident to a nurse, if, "You go and assess the are notified of anyone having ange in pain levels or the grain control with administrated to the resident d call the physician and notify manager then stated, "The doctor and has received 50 mg (milligram) to be given I have also put a corrective		580			

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	OF DEFICIENCIES CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	1		CONSTRUCTION	(X3) DATE COMP	SURVEY LETED
		495350	B. WING_		-		26/2019
	ROVIDER OR SUPPLIER			94	TREET ADDRESS, CITY, STATE, ZIP CODE 434 COEBURN MOUNTAIN ROAD VISE, VA 24293		
(X4) ID PREFIX TAG	(EACH DEFICIENC	ATEMENT OF DEFICIENCIES BY MUST BE PRECEDED BY FULL LSC IDENTIFYING INFORMATION)	ID PREFI TAG		PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD B CROSS-REFERENCED TO THE APPROPRI DEFICIENCY)	E ATE	(X5) COMPLETION DATE
F 580 F 684 SS=D	administrative team, administrator, DON a consultant of the above do issues concerning Rilicon pm. No further information surveyor or the survey on the survey accordance is a frapplies to all treatments facility residents. Basessment of a residents received accordance with propractice, the compressive plan, and the residents received accordance with propractice, the compressive plan, and the residents on clinical reand facility documents failed to provide sensitive survey sample. If the findings includes the facility staff documents of the survey sample. If the facility staff documents of the survey sample, if the facility staff documents of the survey sample. If the facility staff documents of the survey sample, if the facility staff documents of the survey sample.	which consisted of the and the regional nurse ove documented findings. notified the administrative ocumented findings and esident #85 on 9/26/19 at In was provided to the exit 19. Eare undamental principle that ent and care provided to sed on the comprehensive ident, the facility must ensure e treatment and care in fessional standards of thensive person-centered esidents' choices. T is not met as evidenced Cord review, staff interview, at review, the facility staff vices maintaining professional erfor one of 26 Residents in Resident # 28.		580	F684 Corrective Action(s): Residents #28's attending physician we notified that the facility had documentate administration of a medication that was not available from the pharmacy at that the facility failed to ensure that physician ordered Marinol was available for administration from the pharmacy. facility Incident and Accident form was completed for this incident. Identification of Deficient Practices/Corrective Action(s): All other residents receiving medication may have been potentially affected. The DON, ADON, Unit Managers and/or designee will conduct a 100% audit of residents MAR's to identify resident at risk. Residents identified at risk for not having medications available will be corrected at time of discovery and their attending physicians will be notified of each negative finding and a facility Incident & Accident Form will be completed for each negative finding.	ed ind le A s ins he all t	
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Event ID: 4NL511

Facility ID: VA0119

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		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION A. BUILDING			(X3) DATE SURVEY COMPLETED	
		495350	B. WING			Į	C /26/2019
	ROVIDER OR SUPPLIER	1	STREET ADDRESS, CITY, STATE, ZIP CODE 9434 COEBURN MOUNTAIN ROAD WISE, VA 24293				
(X4) ID PREFIX TAG	(EACH DEFICIENC REGULATORY OR	TATEMENT OF DEFICIENCIES BY MUST BE PRECEDED BY FULL LSC IDENTIFYING INFORMATION)	ID PREFI TAG		PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD CROSS-REFERENCED TO THE APPROPR DEFICIENCY) Systemic Change(s):	BE	(X5) COMPLETION DATE
F 684	Resident # 28 was a was originally admitt and had a readmissi Diagnoses included dementia, muscle wideficiency, and hypotherical record for reviewed on 9/25/19 MDS (minimum data Resident # 28 was a an ARD (assessmerical Section C of the MD patterns. In Section documented that Resident # 28 was a severely MDS assesses swall in Section K0300, that Resident # 28 on physician prescribe to and bottom der all times. Resident weight is within not (diagnoses) hypothementia, depress GERD (gastroesop Interventions inclusioned in the section in the commential of the section weight is within not (diagnoses) hypothemential depress GERD (gastroesop Interventions inclusioned in the section in the secti	n 81-year-old-female that ed to the facility on 3/8/12, on date of 2/22/19. but were not limited to, eakness, vitamin D		684	Systemic Change(s): The facility policy and procedures habeen reviewed and no revisions are warranted at this time. The nursing assessment process as evidenced by to 24 Hour Report and documentation in medical record /physician orders remained the source document for the development and monitoring of the provision of cata which includes following and administering medications per physician orders. The DON and/or Regional nursing staff on the procedure for following and administering medications per physician order to include the procedure for obtaining medications pharmacy to ensure availability. The inservice will also address the proper documentation procedures to be implemented when medications are available for administration. Monitoring: The DON will be responsible for maintaining compliance. The DON, and/or Designee will audit resident MAR's weekly to monitor for compliance. Any/all negative finding or errors will be corrected at time of discovery and disciplinary action wit taken as needed. Aggregate finding these audits will be reported to the Quality Assurance Committee quart for review, analysis, and recommendations for change in faci policy, procedure, and/or practice. Completion Date: 11/10/19	the in the sains ment are, ician arse icions from arctions and icides and icides and icides and icides arctions	

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STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:		(X2) MULTIPLE CONSTRUCTION A. BUILDING			(X3) DATE SURVEY COMPLETED		
		495350	B. WING_			09/2	26/2019
	ROVIDER OR SUPPLIER			943	EET ADDRESS, CITY, STATE, ZIP CODE 4 COEBURN MOUNTAIN ROAD SE, VA 24293	1 00,1	
(X4) ID PREFIX TAG	(EACH DEFICIENC	TATEMENT OF DEFICIENCIES BY MUST BE PRECEDED BY FULL LSC IDENTIFYING INFORMATION)	ID PREFI TAG	1	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD CROSS-REFERENCED TO THE APPROPR DEFICIENCY)	BE	(X5) COMPLETION DATE
F 684	not limited to, "Marin give one po (by mou decreased appetite," physician on 8/16/19 The surveyor review medication administ 28. The surveyor ob on the medical reconsideration administered on the On 8/21/19 docume reflected that Marin administered-Other clarification." On 8/31/19 docume reflected that Marin administered that Marin administered to Research administered to Research 19/29/19, and 8/30/10 The surveyor review medication administered on the medical reconsideration administered administered on the medical reconsideration administered on the medical reconsideration administered administered on the medical reconsideration administered administered that Marin On 9/5/19 docume reflected that Marin On 9/8/19 docume reflected that Marin On 9/8/19 docume reflected that Marin On 9/9/19 docume reflected that Marin On	not 5 mg (milligram) capsule with) Q (every) day DX "which was initiated by the beat which was record for Resident # was refused by resident." what was not was not was "unavailable." Pending provider which facility staff of 5 mg as having been sident # 28 on 8/22/19, 19. Wed the September 2019 which was record for Resident # beat which which meant not be following dates: Intation in the clinical record hol was "not available." Intation in the clinical record hol was not administered	F	684			

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Event ID: 4NL511

Facility ID: VA0119

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STATEMENT OF	F DEFICIENCIES CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:			E CONSTRUCTION	(X3) DATE	SURVEY
		_	7. 50.20				С
		495350	B. WING_				=
NAME OF PE	ROVIDER OR SUPPLIER				STREET ADDRESS, CITY, STATE, ZIP CODE	09/	26/2019
					9434 COEBURN MOUNTAIN ROAD		
HERITAGE	HALL WISE				WISE, VA 24293		
(X4) ID	SUMMARY ST	ATEMENT OF DEFICIENCIES	ID.		PROVIDER'S PLAN OF CORRECTION		(X5)
PRÉFIX TAG	•	Y MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	PREFIX TAG	x	(EACH CORRECTIVE ACTION SHOULD B CROSS-REFERENCED TO THE APPROPRI/ DEFICIENCY)	Ξ √TE	COMPLETION DATE
F 684	Continued From page	e 14	F	584	4		
	_	ed that the facility staff					TRANSPORT OF THE PROPERTY OF T
		inol 5 mg as having been					The Administra
	9/3 /19, 9/4/19, 9/6/19	dent # 28 on 9/1/19, 9/2/19, 9, 9/7/19.					editämine/Avid-Avid-Avid-Avid-Avid-Avid-Avid-Avid-
	On 9/26/19 at 11:53 a	am, the surveyor informed					
		that Marinol 5 mg had					
		being unavailable on the					
		he surveyor requested					
		as to why the Marinol 5 mg Resident # 28 and requested					
		ntrolled substance log from					
		er 2019 for Resident # 28.					
	On 9/26/19 at 2:00 pr	m, the director of nursing					
	1	r that there were no Marinol	İ			•	ĺ
1	controlled substance	logs for Resident # 28 for]
	ŧ –	ector of nursing informed the	***************************************				·
	surveyor that the phy					!	-
		19 for Marinol 5 mg, but did					***************************************
		so the medication never					THE STATE OF THE S
		The director of nursing nurses attempted to contact					
	1	vail to get a new prescription			·		
		director of nursing provided				İ	
		opy of a prescription for					
		s written on 9/9/19 that					
		of 30 capsules to be sent.					
	•	ng informed the surveyor that					
ļ		er was written on 8/16/19 the					
		vered to the facility until					
1 .		of nursing acknowledged Imented Marinol 5 mg as					
		tered to Resident # 28 when			Table 10 miles 10 mil		
		not in the building available					
	for administration.	are sensing arminer					
	The facility policy and	d standard of practice on				,	

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STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION A. BUILDING			(X3) DATE SURVEY COMPLETED	
		495350	B. WING_			09/2	6/2019
	OVIDER OR SUPPLIER HALL WISE	1		943	EET ADDRESS, CITY, STATE, ZIP CODE 4 COEBURN MOUNTAIN ROAD SE, VA 24293		
(X4) ID PREFIX TAG	(EACH DEFICIENC	ATEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL LSC IDENTIFYING INFORMATION)	ID PREFI TAG	<u> </u>	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD E CROSS-REFERENCED TO THE APPROPRI DEFICIENCY)		(X5) COMPLETION DATE
	to,"Policy Interpretation 19. The individual accommust initial the residual administration record after giving each meadministering the near administering the near administering the near administering the near practice as stated a opportunity to ask quaditional information practice. The administrative funds and no further information of the practice on 9/26 (PR(s): 483.25(i)) § 483.25(i) Respiration tracheostomy care and tracheals care, consistent will practice, the complication of the plan, the residuand 483.65 of this This REQUIREME by: Based on observations.	cations" contained notuded but was not limited ion and Implementation diministering the medication ent's MAR (medication ent's ent		695	F695 Corrective Action(s): The attending physician has been notithat Resident #84 did not receive oxygat the correct flow rate as ordered by physician. Resident #84 has had their oxygen administration orders clarified with the attending physician. A facilit Incident & Accident form has been completed for this incident.	gen The	

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	OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA	(X2) MULT	IPLE C	CONSTRUCTION		SURVEY
AND PLAN (F CORRECTION	IDENTIFICATION NUMBER:	A, BUILDI	NG		СОМІ	PLETED
							С
		495350	B. WNG			09	/26/2019
NAME OF	PROVIDER OR SUPPLIER			STI	REET ADDRESS, CITY, STATE, ZIP COD	E	
	_			943	34 COEBURN MOUNTAIN ROAD		
HERITA	SE HALL WISE			WI	ISE, VA 24293		
(X4) ID PREFIX TAG	(EACH DEFICIEN	STATEMENT OF DEFICIENCIES ICY MUST BE PRECEDED BY FULL R LSC IDENTIFYING INFORMATION)	ID PREFI TAG	1	PROVIDER'S PLAN OF CO (EACH CORRECTIVE ACTION CROSS-REFERENCEO TO THE DEFICIENCY)	I SHOULD BE	(X5) COMPLETION DATE
F 69	facility staff failed to ordered by the physical the survey sample of the survey sample of the survey sample of the survey sample of the survey sample of the survey sample of the survey sample of the survey sample of the survey of the surve	administer oxygen as sician for 1 of 23 residents in (Resident #84).	F	695	Identification of Deficient Procorrective Action(s): All residents receiving oxyget have potentially been affected review of all resident's oxyge be conducted by the DON, All Unit Managers to identify residents found to be at risk corrected at the time of discorrected at the time of discorrected at the discovered. Systemic Change(s): The facility policy and procesory oxygen administration has be and no changes were warrant time. All licensed nursing states inserviced on the facility policy procedure for accurate oxygen administration and monitoring physician order. Inservices we the delivery of oxygen per pleorder. Monitoring: The DON is responsible for compliance. The DON and/owill perform three audits were residents using oxygen to me compliance. All negative fine corrected at time of discover appropriate disciplinary activates as needed. All negative will reported to the Quality. Committee for review, analy recommendations for change policy, procedure, and/or procompletion Date: 11/10/15	n therapy may d. A 100% en orders will DON and/or eidents at risk. will be every. A facility ll be completed dure for een reviewed ted at this aff will be icy and en ag per will include hysician maintaining or Designee ekly of all onitor for edings will be ry and on will be re findings Assurance eysis, and e in facility actice.	

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STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION A. BUILDING			(X3) DATE SURVEY COMPLETED C		
		495350	B. WING			i	6/2019	
	OVIDER OR SUPPLIER			9	TREET ADDRESS, CITY, STATE, ZIP CODE 434 COEBURN MOUNTAIN ROAD VISE, VA 24293			
(X4) ID PREFIX TAG	(EACH DEFICIENC	ATEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL LSC IDENTIFYING INFORMATION)	ID PREF TAG		PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD I CROSS-REFERENCED TO THE APPROPRI DEFICIENCY)	3E	(X5) COMPLETION DATE	
F 695	observed the oxyger and stated, "This is of instead of 3 like it is The surveyor review Resident #84 at app surveyor noted a phyoxygen to be administration there is a physician administration" At 4:14 pm, the surveyor notification in the surveyor notification in the surveyor notification of the above documer at 1:00 pm. No further information surveyor or surveyor or surveyor or surveyor or surveyor notification in the surveyor or surveyor	ed the clinical record for roximately 11:50 am. The ysician's order, which was for istrated at 3 l/min by nasal /19 3:15 pm and the surveyor ved the facility's policy titled fion" from the DON (director licy read in part " Verify that is order for this procedure. In's orders for oxygen /eyor notified the and the regional nurse pove documented findings. det the administrative team of other findings again on 9/26/19 on was provided to the example of the example of the exit /19.		695	R697	d to n of . A		

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STATEMENT C AND PLAN OF	OF DEFICIENCIES CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	1 ' '		CONSTRUCTION	(X3) DATE S	
		495350	B. WING			000	1
NAME OF PR	ROVIDER OR SUPPLIER			ST	TREET ADDRESS, CITY, STATE, ZIP CODE	US/A	26/2019
MAINE DI LI	(OTIDES ON OUT THE				IS4 COEBURN MOUNTAIN ROAD		1
HERITAGE	HALL WISE				'ISE, VA 24293		
				•			
(X4) ID PREFIX TAG	(EACH DEFICIENC	ATEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL. LSC IDENTIFYING INFORMATION)	ID PREFI TAG	1	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD B CROSS-REFERENCED TO THE APPROPRI DEFICIENCY)		(X5) COMPLETION DATE
F 697	This REQUIREMENT by: Based on staff interviolinical record review ensure that pain mar resident by assessing 1 of 23 residents in the #85). The findings included Resident #85 was re 9/16/18 with the follor limited to anemia, high Vascular Disease, di and depression. On Data Set) with an AF Date) of 9/18/19, the having a BIMS (Bries score of 9 out of a pr #85 was also coded assistance of 2 staff personal hygiene an staff members for base On 9/25/19 at 9:25 a resident's room. Re surveyor at 9:30 am was constant. Surve nurse know about the and I took something nothing relieves it." (licensed practical in the statements that surveyor. LPN #1 s 6 hours and the nex They increased her	riew, resident interview and the facility staff failed to be agement is provided to a go and managing the pain for the survey sample (Resident described). The survey sample (Resident described) above the annual MDS (Minimum and	F	697	Identification of Deficient Practices & Corrective Action(s): All other residents receiving scheduled of PRN pain medication may have potentially been affected. A 100% review of all residents receiving PRN or scheduled pain medications will be conducted by the DON, RCC and/or designee to verify a resident centered carplan is in place to address the residents pain levels and the residents pain management plan. All negative findings will be corrected at time of discovery, the attending physician will be notified of an pain management issues and a facility Incident & Accident form will be completed. Systemic Change(s): The facility policy and procedures have been reviewed and no revisions are warranted at this time. The DON and/or Regional nurse consultant will inservice all licensed nursing staff on the procedu for following and administering medications per physician order. This includes reassessing residents after the administration of routine or PRN pain medications.	re ny	

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	F DEFICIENCIES CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	i		E CONSTRUCTION	(X3) DATE SURVEY COMPLETED	
		405250	D MANO			C	
		495350	B. WING			09/	26/2019
NAME OF P	ROVIDER OR SUPPLIER				STREET ADDRESS, CITY, STATE, ZIP CODE		
UEDITACE	HALL WISE				9434 COEBURN MOUNTAIN ROAD		
HERITAGE	: Dare Moc			١	WISE, VA 24293		
(X4) ID PREFIX TAG	(EACH DEFICIENC	ATEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL LSC (DENTIFYING INFORMATION)	ID PREFI TAG		PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD B CROSS-REFERENCED TO THE APPROPRI DEFICIENCY)		(X5) COMPLETION DATE
F 697	to assess her pain site earlier. The resident been in here except to checking on me. And me." At approximate requested the following physician orders, cur MAR (medication adminising notes from 6 the present time of the present time of the present time of the present time of the present time of the present time of the present time of the present time of the present time of the present time of the present time of the present time of the physician orders for 7.5 mg (milligram) ever effect since the physician orders for 7.5 mg (milligram) ever effect since the physician. At 10:45 am, the sur The surveyor asked the pain of Resident notified her of the repain and no relief of documented per the resident at 9:25 am. can." The surveyor review (medication adminis nursing notes for Resident and the pain of Resident and per the resident at 9:25 am. can."		F	697	Monitoring: The DON will be responsible for maintaining compliance. The DON, and/or Designee will audit resident Care Plan weekly coinciding with the Care Plan schedule to monitor for compliance Any/all negative findings and or errors will be corrected at time of discovery and disciplinary action will be taken as needed. Aggregate findings of these audits will be reported to the Quality Assurance Committee quarterly for review, analysis, and recommendations for change in facility policy, procedure, and/or practice. Completion Date: 11/10/19	e.	

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Facility ID: VA0119

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STATEMENT OF DEFICIENCIES (X1 AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(' '	PLE CONSTRUCTION		(X3) DATE SURVEY COMPLETED C		
		495350	B. WING _			_	6/2019	
	ROVIDER OR SUPPLIER			STREET ADDRESS, CITY 9434 COEBURN MOUN WISE, VA 24293				
(X4) ID PREFIX TAG	/EACH DEFICIENC	TATEMENT OF DEFICIENCIES DY MUST BE PRECEDED BY FULL LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	(EACH CO	DER'S PLAN OF CORRECTION RRECTIVE ACTION SHOUL RENCED TO THE APPROPRIED DEFICIENCY)	D BE	(X5) COMPLETION DATE	
F 697	dose being given was Gabapentin had bee given at 6 am on 9/2 dose of Lortab was resident at 12 noon scheduled to be given at 6 am on 9/2 according to the MA documentation of the pain medication sin were administrated. clinical record was 9/25/19. At 11:22 am, the sumanager of the aboasked when is the pain. Unit manage the pain right when having pain." The the facility policy returned the doctor and has 50 mg (milligram) of the having pain in the doctor and has 50 mg (milligram) of the facility's policy Medications" to the part: "4. Conduct and there has been not previous assessmon 9/25/19 at 4:1 administrative teal administrator, DO	as at 6 am on 9/25/19 and an documented as last being 25/19. The next scheduled scheduled to be given to the and the Gabapentin was en at 2 pm on 9/25/19. AR, the surveyor did not note are resident receiving any other ce the 2 above medications. The last nursing note in the documentation at 3:10 am on arveyor interviewed the unit over documented findings and staff to assess a resident for a replied, "You go and assess a you are notified of anyone surveyor requested copies of agarding pain management, stated, "The nurse has called a received orders for Tramadol to be given twice a day for pain. For or nursing provided copies of titled "Administering Pain to surveyor. This policy read in abbreviated pain assessment if to change in condition since the	F	697				

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STATEMENT C AND PLAN OF	F DEFICIENCIES CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	1 ' '		CONSTRUCTION	(X3) DATE S COMPL	.ETED
		495350	B. WING			09/2	; 26/2019
	ROVIDER OR SUPPLIER	<u> </u>		943	REET ADDRESS, CITY, STATE, ZIP CODE 34 COEBURN MOUNTAIN ROAD ISE, VA 24293		
(X4) ID PREFIX TAG	(EACH DEFICIENC	TATEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL LSC IDENTIFYING INFORMATION)	ID PREF TAG	- 1	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD I CROSS-REFERENCED TO THE APPROPR DEFICIENCY)	3E	(X5) COMPLETION DATE
F 697	The surveyor again team of the above dissues concerning R 1:00 pm. No further informatic surveyor or the surveyor or the surve conference on 9/26/Dialysis CFR(s): 483.25(l) §483.25(l) Dialysis. The facility must en require dialysis receivith professional stromprehensive per the residents' goals This REQUIREMENT by: Based on staff intereview, the facility services through concern for 1 of 23 resident #87). The findings including the facility staff fair sheets for Resident resident's dialysis of Resident #87 was 9/7/19 with the foll limited to anemia, end stage renal dispersions.	notified the administrative ocumented findings and esident #85 on 9/26/19 at on was provided to the ey team prior to the exit 19. Sure that residents who eive such services, consistent endards of practice, the son-centered care plan, and and preferences. NT is not met as evidenced exist failed to ensure that a re dialysis receive such ellaborating with the dialysis idents in the survey sample ed:		698	F698 Corrective Action(s): Residents #87's attending physician w notified that the facility failed to put communication sheets in place to collaborate with the Dialysis clinic for delivering care to resident #87. A faci Incident and Accident form has been completed. Identification of Deficient Practices/Corrective Action(s): All other residents receiving dialysis in have been potentially affected. The DADON, and/or Unit Managers will conduct a 100% audit of all Dialysis residents' physician orders and MAR identify residents at risk for not receive physician ordered pre and post dialysis monitoring and communication from dialysis center for all residents received dialysis. Residents identified at risk we be corrected at time of discovery and comprehensive plans of care updated reflect their resident specific needs. The attending physicians will be notified each negative finding and a facility Incident & Accident Form will be completed for each negative finding.	nay ON, s to ring s the ing rill their to	

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Event ID: 4NL511

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STATEMENT C AND PLAN OF	F DEFICIENCIES CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULT A. BUILDII		CONSTRUCTION	(X3) DATE ! COMP!	
		495350	B. WING			C	
		130000	1			09/2	26/2019
NAME OF PR	ROVIDER OR SUPPLIER				TREET ADDRESS, CITY, STATE, ZIP CODE		
DEDITAGE	HALL WISE		9434 COEBURN MOUNTAIN RO		434 COEBURN MOUNTAIN ROAD		
HERMAN	TIALL WIOL			V	VISE, VA 24293		
(X4) ID	SUMMARY ST	ATEMENT OF DEFICIENCIES	ID.		PROVIDER'S PLAN OF CORRECTION		(X5)
PREFIX		Y MUST BE PRECEDED BY FULL	PREFI		(EACH CORRECTIVE ACTION SHOULD B		COMPLETION
TAG	REGULATORY OR	LSC IDENTIFYING INFORMATION)	TAG		CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	ATE	DATE
					DEI 1012101)		
					Systemic Change(s):		
F 698	Continued From page	e 22	F6	698			1
ł	reference date) of 9/	19/19, the resident was	1		been reviewed and no revisions are		l
		IMS (Brief Interview for			warranted at this time. The nursing		
1		of 15 out of a possible score			assessment process as evidenced by the		
ļ		was also coded as requiring			24 Hour Report and documentation in t		
		of 2 staff members for	1		medical record / physician orders remai		
	1	al hygiene and bathing.			the source document for the developme		
		<u>.</u>			and monitoring of the provision of care	,	1
	On 9/25/19 and 9/26	/19, the surveyor reviewed			which includes, obtaining, transcribing		
1		Resident #87. During this			and completing physician medication orders, treatment orders as well as pre a	_,	
		reviewed the dialysis			post dialysis monitoring and	usu [
		et and nursing notes for the			communication. The DON and/or		
		2019. There was a dialysis			Regional nurse consultant will inservice		
		et missing for 9/25/19. The			all licensed nursing staff on the procedu		
		on a dialysis communication			for obtaining, transcribing, and		
		/19, the sheet was not	1		completing physician medication and		
	1	alysis center to communicate			treatment orders. This inservice will als	ю .	
1	,	and what occurred with the			include pre and post dialysis monitoring	g	
	resident while on dia		1		and communication sheets to coordinat		
	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	-,			the residents care between the facility a	nd	
	On 9/26/19 at 11:45	am, the DON (director of			the dialysis centers.		
		e surveyor the nurses' notes	l				
		cerning dialysis. The DON			Monitoring:		
		make an assessment of the			The DON will be responsible for		
	shunt when she retu	ırns from dialysis and make a	1		maintaining compliance. The DON, and/or Designee will audit all dialysis		
		s returned from dialysis." The			residents Pre and Post dialysis monitor.	ino	
1		DON, "Was this done for this	Ì		and communication sheets weekly to	шg	
ļ	resident?" The DOI	N replied, "Not for every time			monitor for compliance. Any/all negati	ve.	
	that she had returne	ed back to the facility from			findings and or errors will be corrected		
	dialysis."	•			time of discovery and disciplinary action		
					will be taken as needed. Aggregate		
	At 1:00 pm, the sun	eyor notified the			findings of these audits will be reported	i to	
		of the above documented			the Quality Assurance Committee		
	findings as docume				quarterly for review, analysis, and		
	_				recommendations for change in facility	,	
	No further information	on was provided to the			policy, procedure, and/or practice.		
		urvey team prior to the exit	-		Completion Date: 11/10/19		
	conference on 9/26		İ				
F 75	5 Pharmacy Srvcs/Pr	ocedures/Pharmacist/Records	F	755	5]		
	, , , , ,				<u> </u>		

PRINTED: 10/18/2019 FORM APPROVED OMB NO. 0938-0391

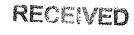
NAME OF PROVIDER OR SUPPLIER HERITAGE HALL WISE SUMMARY STATEMENT OF DEFICIENCIES (KA9 ID PRETEX TAGGET SPEAR OF CORRECTION O		OF DEFICIENCIES CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:		LE CONSTRUCTION	(X:	3) DATE SURVEY COMPLETED
NAME OF PROVIDER OR SUPPLIER HERITAGE HALL WISE (X4) ID PREFIX REGULATORY OR LSC IDENTIFYING INFORMATION) F755 Continued From page 23 F755 SS=D CFR(s): 483.45(a)(b)(1)-(3) \$483.45 (b) Service Consultation or all aspects of the provision of paramacy state he recipit and disposition of all controlled drugs in sufficient detail to enable an accurate STREETADDRESS, CITY, STATE, ZIP CODE 9434 COEBURN MOUNTAIN ROAD WISE, VA 24283 D PROVIDER'S PLAN OF CORRECTION (EACH CORRECTION SHOULD BE CROSS-REPERDED TO THE APPROPRIATE DEFICIENCY) PREFIX TAGE F755 Corrective Action(s): Resident 28's attending physician has been notified that the facility failed to ensure that the physician ordered Marinol medication was available from pharmacy for administration to Resident #28. A facility Incident and Accident form has been completed for this incident. Resident 193's attending physician has been notified that the facility failed to ensure that the physician ordered Memantine medication was available from pharmacy for administration to Resident #28. A facility Incident and Accident form has been completed for this incident. Resident 193's attending physician has been notified that the facility failed to ensure that the physician ordered Memantine medication was available from pharmacy for administration to Resident #28. A facility Incident and Accident form has been completed for this incident. Resident 193's attending physician has been notified that the facility failed to ensure that the physician ordered Memantine medication was available from pharmacy for administration to Resident #28. A facility Incident and Accident form has been completed for this incident. Resident 193's attending physician has been notified that the facility failed to ensure that the physician ordered Memantine medication was available from pharmacy for administration to Resident #28. A facility Incident and Accident form has been completed for this incident. Resident 193's attending physician has been notified that the facility failed			405750	D MANO			С
HERITAGE HALL WISE SUMMARY STATEMENT OF DESICIENCIES (EACH DEFICIENCY MIST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION) F 755 SS=D CFR(s): 483.45(a)(b)(1)-(3) \$483.45 (Pharmacy Services The facility must provide routine and emergency drugs and biologicals to its residents, or obtain them under an agreement described in \$483.70(g). The facility may permit unlicensed personnel to administer drugs if State law permits, but only under the general supervision of a licensed nurse. \$483.45(a) Procedures. A facility must provide pharmacutical services (including procedures that assure the accurate acquiring, receiving, dispensing, and administering of all drugs and biologicals) to meet the needs of each resident. \$483.45(b) Service Consultation. The facility must employ or obtain the services of a licensed pharmacist who- \$483.45(b)(1) Provides consultation on all aspects of the provision of pharmacy services in the facility. \$483.45(b)(2) Establishes a system of records of receipt and disposition of all controlled drugs in sufficient detail to enable an accurate acquirate form pharmacy will be corrected at time of discovery and their attending physician has been notified that the facility failed to ensure that the physician ordered Marinol medication was available from pharmacy for administration to Resident #193. A facility Incident and Accident form has been completed for this incident. Identification of Deficient Practices & Corrective Action(s): Identification of Deficient Practices & Corrective Action(s): Identification of Deficient Practices & Corrective Action(s): Resident #193. A facility Incident and Accident form has been completed for this incident: Identification of Deficient Practices & Corrective Action(s): Resident #193. A facility Incident and Accident form has the physician has been completed for this incident. Identification of Deficient Practices & Corrective Action(s): Resident #193. A facility Incident and Accident form has the physician has been completed for thi			455550	B. WING			09/26/2019
WISE, VA 24293 WISE	NAME OF P	ROVIDER OR SUPPLIER		[STREET ADDRESS, CITY, STATE, ZIP CODE		
WISE, VA 24293 SUMMARY STATEMENT OF DEFICIENCIES (EACH DEPICIENCY MUST BE PRECEDED BY FULL TAG PROVIDER'S PLAN OF CORRECTION SHOULD BE CROSS-REPERENCED TO THE APPROPRIATE DEPICIENCY) F 755 Continued From page 23 F 755 Corrective Action (s): Resident 28's attending physician has been notified that the facility failed to ensure that the systician order of a licensed nurse. \$483.45(a)(b)(1)-(3) F755 Corrective Action (s): Resident 28's attending physician has been notified that the facility failed to ensure that the systician ordered Marinol medication was available from pharmacy for administration to Resident #28. A facility Incident and Accident form has been completed for this incident. \$483.45(a) Procedures. A facility must provide pharmaceutical services (including procedures that assure the accurate acquiring, receiving, dispensing, and administering of all drugs and biologicals) to meet the needs of each resident. \$483.45(b) Service Consultation. The facility must provide pharmacist who- \$483.45(b)(1) Provides consultation on all aspects of the provision of pharmacy services in the facility. \$483.45(b)(1) Provides consultation on all aspects of the provision of pharmacy services in the facility. \$483.45(b)(2) Establishes a system of records of receipt and disposition of all controlled drugs in sufficient detail to enable an accurate facility location and accident and Accident form the pharmacy will be corrected at time of discovery and their attending physicians will be notified. A facility Incident and Accident form has been conducted by the DON, ADON and/or verview of all resident's medication orders has been conducted by the DON, ADON and/or Unit managers to identify resident and Accident form the pharmacy will be corrected at time of discovery and their attending physicians will be notified. A facility Incident and Accident form has been completed for this incident.	HERITAGE	HALL WISE			9434 COEBURN MOUNTAIN ROAD		
FREEN TAG REGULATORY OR ISC IDENTIFYING INFORMATION) FREEN TAG CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY) F 755 Continued From page 23 SS=D CFR(s): 483.45(a)(b)(1)-(3) §483.45 Pharmacy Services The facility must provide routine and emergency drugs and biologicals to its residents, or obtain them under an agreement described in §483.70(g). The facility may permit unlicensed personnel to administer drugs if State law permits, but only under the general supervision of a licensed nurse. §483.45(a) Procedures. A facility must provide pharmaceutical services (including procedures that assure the accurate acquiring, receiving, dispensing, and administering of all drugs and biologicals) to meet the needs of each resident. §483.45(b) Service Consultation. The facility must employ or obtain the services of a licensed pharmacist who- §483.45(b)(1) Provides consultation on all aspects of the provision of pharmacy services in the facility. §483.45(b)(2) Establishes a system of records of receipt and disposition of all controlled drugs in sufficient detail to enable an accurate				[WISE, VA 24293		
SS=D CFR(s): 483.45(a)(b)(1)-(3) §483.45 Pharmacy Services The facility must provide routine and emergency drugs and biologicals to its residents, or obtain them under an agreement described in §483.70(a). The facility may permit unlicensed personnel to administer drugs if State law permits, but only under the general supervision of a licensed nurse. §483.45(a) Procedures. A facility must provide pharmaceutical services (including procedures that assure the accurate acquiring, receiving, dispensing, and administering of all drugs and biologicals) to meet the needs of each resident. §483.45(b) (1) Provides consultation. The facility must employ or obtain the services of a licensed pharmacist who- §483.45(b)(1) Provides consultation on all aspects of the provision of pharmacy services in the facility. §483.45(b)(2) Establishes a system of records of receipt and disposition of all controlled drugs in sufficient detail to enable an accurate	PREFIX	(EACH DEFICIENC)	Y MUST BE PRECEDED BY FULL.	PREFIX	(EACH CORRECTIVE ACTION S CROSS-REFERENCED TO THE AF	HOULD BF	COMPLETION
§483.45(b)(3) Determines that drug records are in order and that an account of all controlled drugs is maintained and periodically reconciled. This REQUIREMENT is not met as evidenced by: Based on clinical record review, staff interview, and facility document review, the facility staff failed to provide routine drugs by ensuring medications	ŀ	CFR(s): 483.45(a)(b)(a) §483.45 Pharmacy St. The facility must providrugs and biologicals them under an agreet §483.70(g). The facilipersonnel to administ permits, but only under a licensed nurse. §483.45(a) Procedure pharmaceutical service that assure the accuration dispensing, and admit biologicals) to meet the service of the provision that a sample of the provision that a sample of the provision that a sample of the provision that a sample of the provision	ervices ide routine and emergency to its residents, or obtain ment described in ity may permit unlicensed for drugs if State law er the general supervision of es. A facility must provide the (including procedures ate acquiring, receiving, nistering of all drugs and the needs of each resident. Onsultation. The facility in the services of a licensed es consultation on all on of pharmacy services in shes a system of records of a fine of all controlled drugs in able an accurate entires that drug records are in count of all controlled drugs riodically reconciled. The is not met as evidenced entire is not met as evidenced entire in the facility staff.	F 75	Corrective Action(s): Resident 28's attending physicial been notified that the facility fail ensure that the physician ordered medication was available from programming for administration to Resident #. facility Incident and Accident for been completed for this incident. Resident 193's attending physicial been notified that the facility fail ensure that the physician ordered Memantine medication was avail from pharmacy for administration Resident #193. A facility Incident Accident form has been completed this incident. Identification of Deficient Pract Corrective Action(s): All residents may have potential affected. A 100% review of all remedication orders has been conducted the DON, ADON and/or Unit may identify residents at risk. Resident to be at risk due the medications unavailable from the pharmacy we corrected at time of discovery an attending physicians will be notifically Incident and Accident for	led to d Marinol oharmacy 28. A orm has ian has led to d lable on to nt and ed for extices & ly been esident's sucted by anagers to ats found being will be d their fied. A	

FORM CMS-2567(02-99) Previous Versions Obsolete

Event ID: 4NL511

Facility ID: VA0119

If continuation sheet Page 24 of 39



	F DEFICIENCIES CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTI	PLE CONSTRUCTION G	(X3) DATE SURVEY COMPLETED
		495350	B. WING		C 09/26/2019
•	(EACH DEFICIENC	ATEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	STREET ADDRESS, CITY, STATE, ZIP CODE 9434 COEBURN MOUNTAIN ROAD WISE, VA 24293 PROVIDER'S PLAN OF CORRECT (EACH CORRECTIVE ACTION SHOU CROSS-REFERENCED TO THE APPRODEFICIENCY)	ON (X5) DBE COMPLETION
F 755	were available in the two of 26 Residents i Resident # 28, # 193 The findings included 1. The facility staff was available in the facility staff was available in the facility staff was available in the facility staff was available in the facility staff was available in the facility staff was available in the facility staff was available in the facility staff was available in the facility staff was available in the facility staff was available in the facility staff was available in the facility staff was available in the facility staff was severely MDS assesses swall in Section K0300, the facility staff was severely MDS assesses swall in Section K0300, the facility staff was severely most assesses swall in Section K0300, the facility staff was severely most and facility staff was severely most assesses swall in Section K0300, the facility staff was severely most assesses swall in Section K0300, the facility staff was severely most and facility staff was severely most and facility staff was severely most and facility staff was severely most and facility staff was severely most and facility staff was severely most and facility staff was severely most and facility staff was severely most and facility staff was severely most and facility staff was severely most and facility staff was severely most and facility staff was severely most and facility staff was severely most and facility staff was available in the facility staff was available in the facility staff was available in the facility staff was available in the facility staff was available in the facility staff was available in the facility staff was available in the facility staff was available in the facility staff was available in the facility staff was available in the facility staff was available in the facility staff was available in the facility staff was available in the facility staff was available in the facility staff was available in the facility staff was available in the facility staff was available in the facility staff was available in the facil	facility for administration for in the survey sample, in the survey sample, in the survey sample, in failed to ensure that Marinol facility for administration for in 81-year-old-female that ed to the facility on 3/8/12, on date of 2/22/19, out were not limited to, eakness, vitamin D thyroidism.	F 7:	Systemic Changes: The Pharmacy Policy and Procedur been reviewed and no changes are warranted. All licensed nursing staf been inserviced on the Policy and Procedure for medication administr to included medications that are unavailable or do not arrive at the fitimely from the pharmacy for administration. The inservice will in the steps the nurses should take sho medication not be delivered timely the pharmacy. Monitoring: The DON is responsible for maintate compliance. The DON, and/or Desi will conduct weekly audits of resid MAR's each week to confirm the availability of all ordered drugs. All negative findings will be corrected time of discovery. Results of the rewill be reported to the Quality Asson Committee for review, analysis, an recommendations for change in fact policy, procedure, and/or practice. Completion Date: 11/10/19	f have ation acility aclude uld a from ining gnee ent at the views urance i

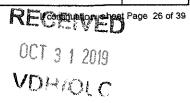
PRINTED: 10/18/2019 FORM APPROVED OMB NO. 0938-0391

STATEMENT C AND PLAN OF	OF DEFICIENCIES CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULT A. BUILDII	IPLE CONSTRUCTION NG		DATE SURVEY COMPLETED
		495350	B. WING_			C 09/26/2019
	ROVIDER OR SUPPLIER			STREET ADDRESS, CITY, STATE, ZIP CODE 9434 COEBURN MOUNTAIN ROAD WISE, VA 24293	-	
(X4) ID PREFIX TAG	(EACH DEFICIENC	ATEMENT OF DEFICIENCIES LY MUST BE PRECEDED BY FULL LSC IDENTIFYING INFORMATION)	ID PREFI TAG	PROVIDER'S PLAN OF COI (EACH CORRECTIVE ACTION CROSS-REFERENCED TO THE DEFICIENCY)	SHOULD BE	(X5) COMPLETION DATE
F 755	all times. Resident # weight is within norm (diagnoses) hypothy dementia, depressio GERD (gastroesoph Interventions include "Meds/Labs as order doctor/responsible p Resident # 28 had on the limited to, "Maringive one po (by moudecreased appetite, physician on 8/16/19. The surveyor review medication administered on the On 8/21/19 docume reflected that Maring administered-Other clarification." On 8/31/19 docume reflected that Maring administered that Maring administered to Resident Maring administered Maring administered to Resident Maring administered Maring	28 has fair intake and her hal range at this time. DX: roidism, hypokalemia, n, old MI (heart attack), ageal reflux disease)." Id but were not limited to, red inform MD/RP (medical arty) of wt (weight) changes." Inders that included but were not 5 mg (milligram) capsule of 5 mg (milligram) capsule of 5 mg (milligram) capsule of 5 mg (milligram) capsule of 5 mg (milligram) capsule of 5 mg (milligram) capsule of 5 mg (milligram) capsule of 5 mg (milligram) capsule of 5 mg (milligram) capsule of 5 mg of milligram of 7 mg (milligram) capsule of 5 mg as having been sident # 28 on 8/22/19, 26/19, 8/27/19, 8/28/19,	F	755		

FORM CMS-2567(02-99) Previous Versions Obsolete

Event ID: 4NL511

Facility ID: VA0119



	OF DEFICIENCIES CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	1 ' '	LE CONSTRUCTION		SURVEY PLETED
		495350	B. WING			C /26/2019
	ROVIDER OR SUPPLIER E HALL WISE			STREET ADDRESS, CITY, STATE, ZIP CODE 9434 COEBURN MOUNTAIN ROAD WISE, VA 24293		20,2010
(X4) ID PREFIX TAG	(EACH DEFICIENC	ATEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTI (EACH CORRECTIVE ACTION SHOUL CROSS-REFERENCED TO THE APPRO DEFICIENCY)	D BE	(X5) COMPLETION DATE
F 755	administered on the final on 9/5/19 documentareflected that Marinol On 9/8/19 documentareflected that Marinol "Pending Rx (prescripton 9/9/19 documentareflected that Marinol Refused x3." The surveyor observed documented that Marinol Refused x3." The surveyor observed documented that Marinol Refused x3." The surveyor observed documented that Marinol Refused x3." On 9/26/19 at 11:53 at the director of nursing been documented as dates listed above. The additional information was unavailable for Fit to see the Marinol conduction on 8/16/19 at 2:00 prinformed the surveyor controlled substance August 2019. The director on 8/16/19 at 2:00 prinformed the surveyor that the phyprescription on 8/16/19 at 2:00 prinformed the surveyor that the phyprescription on 8/16/19 at 2:00 prinformed the surveyor that the phyprescription on 8/16/19 at 2:00 prinformed the surveyor that the phyprescription on 8/16/19 at 2:00 prinformed the surveyor that the phyprescription on 8/16/19 at 2:00 prinformed that the facility stated that the facility the physician to no at with a quantity. The controlled surveyor with a curveyor with a controlled surveyor with a curveyor with	ation in the clinical record was "not available." ation in the clinical record was not administered bition)." ation in the clinical record was not administered bition)." ation in the clinical record "was refused by resident. and that the facility staff cinol 5 mg as having been dent # 28 on 9/1/19, 9/2/19, 9, 9/7/19. and, the surveyor informed g that Marinol 5 mg had being unavailable on the he surveyor requested he as to why the Marinol 5 mg Resident # 28 and requested introlled substance log from her 2019 for Resident # 28. and, the director of nursing or that there were no Marinol logs for Resident # 28 for rector of nursing informed the	F 75	RECEIVE OCT 3 1 20 VDH/OL	25	
	specified a quantity of	of 30 capsules to be sent.				

	OF DEFICIENCIES CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	1		CONSTRUCTION	(X3) DATE SURVEY COMPLETED	
		495350	B. WING			ļ	C .
NAME OF PR	ROVIDER OR SUPPLIER		1		TREET ADDRESS, CITY, STATE, ZIP CODE	09/	26/2019
					434 COEBURN MOUNTAIN ROAD		
HERITAGE	HALL WISE				VISE, VA 24293		
(X4) ID PREFIX TAG	FIX (EACH DEFICIENCY MUST BE PRECEDED BY FULL		ID PREFIL TAG	ID PROVIDER'S PLAN OF CORRECTION PREFIX (EACH CORRECTIVE ACTION SHOULD B		E VTE	(X5) COMPLETION DATE
F 755	The director of nursing even though the order Marinol was not delive 9/10/19. The director that facility staff documentation was not administration. The facility policy and "Administering Medic documentation that in to,"Policy Interpretation. The individual admust initial the reside administration record after giving each medic administering the new The facility policy on Shortages/Unavailab	g informed the surveyor that or was written on 8/16/19 the ered to the facility until of nursing acknowledged mented Marinol 5 mg as tered to Resident # 28 when to in the building available distandard of practice on eations" contained included but was not limited on and Implementation ministering the medication ent's MAR (medication on the appropriate line dication and before kt ones."	F	755			
	"Procedure 7. If facility nurse is u from the attending ph manner, facility nurse supervisor and conta Director for orders/di explain the circumsta shortage." On 9/26/19 at 5:01 p director of nursing, a consultant were mad	e aware of the deficient ove and provided the sestions and submit			RECEIV	ED	

	OF DEFICIENCIES CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	į.		CONSTRUCTION	(X3) DATE COMP	SURVEY PLETED
		495350	B. WING			1	C 26/2019
	ROVIDER OR SUPPLIER			STREET ADDRESS, CITY, STATE, ZIP CODE 9434 COEBURN MOUNTAIN ROAD WISE, VA 24293		1 03/	20/2013
(X4) ID PREFIX TAG	(EACH DEFICIENC	ATEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL LSC IDENTIFYING INFORMATION)	ID PREFI TAG		PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD B CROSS-REFERENCED TO THE APPROPRIA DEFICIENCY)	E ATE	(X5) COMPLETION DATE
F 755	Continued From page	≥ 28	F	755			
	The administrative te and no further inform was presented to the conference on 9/26/1 2. The facility staff Memantine was avail administration for Re Resident # 193 was a was admitted to the fincluded but were no disease, hypertensio disease. The clinical record for reviewed on 9/25/19 complete MDS (minimulating the time of the The baseline plan of was initiated on 9/24 "Medication/Treatmetal"	am had no further questions ation regarding this issue survey team prior to the exit 9. failed to ensure that lable in the facility for sident # 193. an 85-year-old-female who facility on 9/23/19. Diagnoses thimited to, Alzheimer's n, pneumonia, and heart or Resident # 193 was at 10:23 am. There was no mum data set) assessment					
	not limited to, "Mema	ninistration record)." orders that included but were antine HCL 10 mg (milligram) g tube BID (two times a day)					
	medication administr 193. The surveyor of Resident # 193's me	ed the September 2019 ration record for Resident # bserved documentation on dication administration ne was not administered on and 5:00 pm.	Washer Control of the				

1	CORRECTION	IDENTIFICATION NUMBER:			E CONSTRUCTION		E SURVEY PLETED
		495350	B. WING			09	C /26/2019
	ROVIDER OR SUPPLIER E HALL WISE			9	STREET ADDRESS, CITY, STATE, ZIP CODE 9434 COEBURN MOUNTAIN ROAD WISE, VA 24293		12012013
(X4) ID PREFIX TAG	(EACH DEFICIENC	ATEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL LSC IDENTIFYING INFORMATION)	ID PREF TAG		PROVIDER'S PLAN OF CORRECTIO (EACH CORRECTIVE ACTION SHOULD CROSS-REFERENCED TO THE APPROPI DEFICIENCY)	BF	(X5) COMPLETION DATE
F 755	Continued From page	2 9	F	755			
	On 9/26/19 at 11:11 a RN (registered nurse) why Mamantine had it Resident # 193 on 9/2 RN unit manager #1 it for Resident # 193 ha pharmacy and was not available. RN unit facility used a backup the backup pharmacy Resident # 193. The facility policy on Shortages/Unavailable documentation that in to,"Procedure 1. Upon discovery tinadequate supply of to a resident, facility sinitiate action to obtai pharmacy. If the med discovered at the time administration, facility take the action specif Policy 7.0 as applicat 2. If a medication s normal pharmacy hou 2.1 Facility nurse sho determine the status	am, the surveyor spoke with of unit manager #1 and asked not been administered to 24/19 at 9:00 am and 5:00. Stated that the Mamantine and not arrived from the cot in the stat box. The nit manager # 1 if the facility kup pharmacy if meds are to a manager # 1 stated that the pharmacy but did not utilize to obtain Memantine for "Medication le Medications" contained acluded but was not limited that facility has an a medication to administer staff should immediately in the medication from the ication shortage is a of medication of staff should immediately fied in Sections 2 or 3 of this ole. The hortage is discovered during urs: bulld call pharmacy to of the order. If the		730			
	medication has not be facility nurse should p the next scheduled de 2.2 If the next availation	een ordered, the licensed place the order or reorder for elivery. ble delivery causes delay or resident's medication		***************************************	REOM	/ED	

PRINTED: 10/18/2019 FORM APPROVED OMB NO. 0938-0391 (X3) DATE SURVEY

STATEMENT OF	F DEFICIENCIES CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:			CONSTRUCTION	(X3) DATE COMPI	SURVEY LETED
		495350	B. WING			(
	OVIDER OR SUPPLIER			94	REET ADDRESS, CITY, STATE, ZIP CODE 34 COEBURN MOUNTAIN ROAD ISE, VA 24293	09/3	26/2019
(X4) ID PREFIX TAG	(EACH DEFICIENC	ATEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL LSC IDENTIFYING INFORMATION)	ID PREFI TAG	×	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BI CROSS-REFERENCED TO THE APPROPRIA DEFICIENCY)		(X5) COMPLETION DATE
F 755	Supply to administer 2.3 If the medication Emergency Medication should notify pharma emergency delivery. 3. If a medication short normal pharmacy ho 3.1 A licensed facility ordered medications Medication Supply. 3.2 If the ordered medications Medication Supply. 3.2 If the ordered medications Medication Supply. 3.2 If the ordered medications Medication Supply. 3.2 If the ordered medications Medication Supply. 3.2 If the ordered medication should answering service are registered pharmacisto action. Action may 3.2.1 Emergency 3.2.2 Use of an exparty pharmacy." On 9/26/19 at 5:01 pedirector of nursing, a consultant were made opportunity to ask quadditional informations.	Emergency Medication the dose. Is not available in the on Supply, facility staff cy to arrange for an hortage is discovered after urs: y nurse should obtain the from the Emergency edication is not available in cation Supply, the licensed call pharmacy's emergency nd request to speak with the st on duty to manage the plan y include: delivery; or mergency (back-up) third om, the administrator, the and corporate nurse de aware of the deficient pove and provided the uestions and submit n.	T.	755			
F 760 SS=D	and no further inform was presented to the conference on 9/26/ Residents are Free CFR(s): 483.45(f)(2) The facility must ens	of Significant Med Errors	L.	760	F760 Corrective Action(s): Resident #28's attending physician has been notified that the facility staff failed to administer Marinol per physician order from 8/16/19 through 9/9/19. A facility Medication error form was completed for each incident.	er	

NAME OF PROVIDER OR SUPPLIER HERITAGE HALL WISE STREET ADDRESS, CITY, STATE, ZIP CODE 9434 COEBURN MOUNTAIN ROAD WISE, VA 24293 C(44) ID PREFIX CEACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION) F 760 Continued From page 31 This REQUIREMENT is not met as evidenced by: Based on clinical record review, staff interview, and facility document review, the facility staff failed to ensure that one of 26 Residents were free of significant medication errors, Resident # 28. The findings included: The facility staff failed to administer physician ordered Marinol to Resident # 28 from 8/16/19 through 9/9/19. Resident # 28 was an 81-year-old-female that was originally admitted to the facility on 3/8/12, Resident # 28 was an 81-year-old-female that was originally admitted to the facility on 3/8/12, STREET ADDRESS, CITY, STATE, ZIP CODE 9434 COEBURN MOUNTAIN ROAD WISE, VA 24293 STREET ADDRESS, CITY, STATE, ZIP CODE 9434 COEBURN MOUNTAIN ROAD WISE, VA 24293 STREET ADDRESS, CITY, STATE, ZIP CODE 9434 COEBURN MOUNTAIN ROAD WISE, VA 24293 STATEST ADDRESS, CITY, STATE, ZIP CODE 9434 COEBURN MOUNTAIN ROAD WISE, VA 24293 DROVIDER'S PLAN OF CORRECTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE CROSS-REFERENCED TO THE APPROPRIATE CROSS-REFERENCED TO THE APPROPRIATE CROSS-REFERENCED TO THE APPROPRIATE CROSS-REFERENCED TO THE APPROPRIATE CROSS-REFERENCED TO THE APPROPRIATE CROSS-REFERENCED TO THE APPROPRIATE CROSS-REFERENCED TO THE APPROPRIATE CROSS-REFERENCED TO THE APPROPRIATE CROSS-REFERENCED TO THE APPROPRIATE CROSS-REFERENCED TO THE APPROPRIATE CROSS-REFERENCED TO THE APPROPRIATE CROSS-REFERENCED TO THE APPROPRIATE CROSS-REFERENCED TO THE APPROPRIATE CROSS-REFERENCED TO THE APPROPRIATE CROSS-REFERENCED TO THE APPROPRIATE CROSS-REFERENCED TO THE APPROPRIATE CROSS-REFERENCED TO THE APPROPRIATE CROSS-REFERENCED TO THE APPROPRIATE CROSS-REFERENCE TO THE APPROPRIATE CROSS-REFERENCE TO		OF DEFICIENCIES CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MUL A. BUILDI		CONSTRUCTION	(X3) DATE	J. 0938-0391 E SURVEY PLETED
HERITAGE HALL WISE SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION) F 760 Continued From page 31 This REQUIREMENT is not met as evidenced by: Based on clinical record review, staff interview, and facility document review, the facility staff failed to ensure that one of 26 Residents were free of significant medication errors, Resident # 28. The findings included: The facility staff failed to administer physician ordered Marinol to Resident # 28 from 8/16/19 through 9/9/19. Resident # 28 was an 81-year-old-female that STREET ADDRESS, CITY, STATE, ZIP CODE 9434 COEBURN MOUNTAIN ROAD WISE, VA 24293 ID PREFIX TAG PROVIDER'S PLAN OF CORRECTION (29) PROVIDER'S PLAN OF CORRECTION (29) PROVIDER'S PLAN OF CORRECTION (29) PREFIX TAG PROVIDER'S PLAN OF CORRECTION (29) PREFIX TAG PROVIDER'S PLAN OF CORRECTION (29) PREFIX TAG PROVIDER'S PLAN OF CORRECTION (29) PREFIX TAG PROVIDER'S PLAN OF CORRECTION (29) PREFIX TAG PROVIDER'S PLAN OF CORRECTION (29) PREFIX TAG PROVIDER'S PLAN OF CORRECTION (29) COMPLETION DATE PREFIX TAG PROVIDER'S PLAN OF CORRECTION (29) CEACH CORRECTIVE ACTION SHOULD BE CEROS-REFERENCED TO THE APPROPRIATE (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERIOED TO THE APPROPRIATE (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERIOED			495350	B. WING			l	
SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION) PREFIX TAG This REQUIREMENT is not met as evidenced by: Based on clinical record review, staff interview, and facility document review, the facility staff failed to ensure that one of 26 Residents were free of significant medication errors, Resident # 28. The findings included: The facility staff failed to administer physician ordered Marinol to Resident # 28 from 8/16/19 through 9/9/19. Resident # 28 was an 81-year-old-female that Resident word fail failed to changes are	NAME OF P	ROVIDER OR SUPPLIER	<u> </u>		S	TREET ADDRESS CITY STATE 710 GODS	09	/26/2019
(X4) ID PREFIX TAG (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION) F 760 Continued From page 31 This REQUIREMENT is not met as evidenced by: Based on clinical record review, staff interview, and facility document review, the facility staff failed to ensure that one of 26 Residents were free of significant medication errors, Resident # 28. The findings included: The facility staff failed to administer physician ordered Marinol to Resident # 28 from 8/16/19 through 9/9/19. Resident # 28 was an 81-year-old-female that WISE, VA 24293 PROVIDER'S PLAN OF CORRECTION (SC) (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY) PREFIX TAG PROVIDER'S PLAN OF CORRECTION (SC) (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY) Identification of Deficient Practice(s) and Corrective Action(s): All other residents receiving Physician ordered Marinol may have potentially been affected. A 100% review of all residents's medication orders will be conducted to identify residents at risk by DON and/or Designee. All residents identified at risk will be corrected at time of discovery and appropriate disciplinary action taken. An Incident and Accident form will be completed for each negative finding. Systemic Change(s): The facility policy and procedure has been reviewed and no changes are								
(X4) ID PREFIX TAG SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY PULL REGULATORY OR LSC IDENTIFYING INFORMATION) F 760 Continued From page 31 This REQUIREMENT is not met as evidenced by: Based on clinical record review, staff interview, and facility document review, the facility staff failed to ensure that one of 26 Residents were free of significant medication errors, Resident # 28. The findings included: The facility staff failed to administer physician ordered Marinol to Resident # 28 from 8/16/19 through 9/9/19. Resident # 28 was an 81-year-old-female that Record to the precision of the Appropriate in the precision of the precis	HERITAGI	E HALL WISE		!				
F 760 Continued From page 31 This REQUIREMENT is not met as evidenced by: Based on clinical record review, staff interview, and facility document review, the facility staff failed to ensure that one of 26 Residents were free of significant medication errors, Resident # 28. The findings included: The facility staff failed to administer physician ordered Marinol to Resident # 28 from 8/16/19 through 9/9/19. Resident # 28 was an 81-year-old-female that					V	/ISE, VA 24293		
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and had a readmission date of 2/22/19. Diagnoses included but were not limited to, dementia, muscle weakness, vitamin D deficiency, and hypothyroidism. The clinical record for Resident # 28 was reviewed on 9/25/19 at 9:43 am. The most recent MDS (minimum data set) assessment for Resident # 28 was a quarterly assessment with an ARD (assessment reference date) of 8/7/19. Section C of the MDS assesses cognitive patterns. In Section C0500, the facility staff documented that Resident # 28 had a BIMS (brief interview for mental status) score of 7 out of 15, which indicated that Resident # 28's cognitive status was severely impaired. Section K of the MDS assesses swallowing and nutritional status. In Section K0300, the facility staff documented that Resident # 28 had weight loss and was not on physician prescribed weight loss regimen. The current plan of care for Resident # 28 was reviewed and revised on 8/12/19. The facility staff	F 760	This REQUIREMENT by: Based on clinical recommend and facility document failed to ensure that of free of significant med 28. The findings included The facility staff failed ordered Marinol to Resident # 28 was an was originally admitted and had a readmissic Diagnoses included be dementia, muscle we deficiency, and hypotomy the clinical record for reviewed on 9/25/19 and MDS (minimum data Resident # 28 was an ARD (assessment Section C of the MDS patterns. In Section C documented that Resident # 28 was a severely in MDS assesses swalld in Section K0300, the that Resident # 28 had on physician prescrib The current plan of care and facility of the current plan of care and facility was severely in the current plan of care and facility was and fa	is not met as evidenced cord review, staff interview, review, the facility staff one of 26 Residents were dication errors, Resident # it to administer physician esident # 28 from 8/16/19 in 81-year-old-female that ed to the facility on 3/8/12, on date of 2/22/19. out were not limited to, akness, vitamin D hyroidism. r Resident # 28 was at 9:43 am. The most recent set) assessment for quarterly assessment with reference date) of 8/7/19. is assesses cognitive co500, the facility staff cident # 28 had a BIMS (brief tatus) score of 7 out of 15, Resident # 28's cognitive mpaired. Section K of the powing and nutritional status. is facility staff documented if weight loss and was not ed weight loss regimen. are for Resident # 28 was	F	760	and Corrective Action(s): All other residents receiving Physician ordered Marinol may have potentially been affected. A 100% review of all resident's medication orders will be conducted to identify residents at risk by DON and/or Designee. All residents identified at risk will be corrected at tim of discovery and appropriate disciplinar action taken. An Incident and Accident form will be completed for each negative finding. Systemic Change(s): The facility policy and procedure has been reviewed and no changes are warranted at this time. All Licensed staff will be inserviced on the facility Medication Administration policy and procedure by the DON regarding the administration of medications per physician orders to include the steps the nurses should take should a medication not be delivered timely from the pharmacy. Monitoring: The Director of Nursing is responsible formaintaining compliance. The DON and/ordesignee will do weekly MAR audits to monitor for compliance. Any negative findings will be addressed at the time of discovery and appropriate disciplinary action taken. Detailed findings of these results will be reported to the Quality Assurance Committee for review, analysis, and recommendations for change in facility policy, procedure, and/or practice.	e y e	

	DEFICIENCIES CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULT A. BUILDI	TIPLE CONSTRUCTION (X3) DATE S NG COMPL		E SURVEY IPLETED
		495350	B. WING		09	C 9/26/2019
	ROVIDER OR SUPPLIER			STREET ADDRESS, CITY, STATE, ZIP CODE 9434 COEBURN MOUNTAIN ROAD WISE, VA 24293		
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F 760	documented a proble "Resident # 28 has n chewing/swallowing. top and bottom dente all times. Resident # weight is within norm (diagnoses) hypothyr dementia, depression GERD (gastroesopha Interventions include "Meds/Labs as order doctor/responsible pa Resident # 28 had or not limited to, "Marin- give one po (by mou- decreased appetite," physician on 8/16/19 The surveyor review medication administr 28. The surveyor obs- on the medical recor administered on the On 8/21/19 documer reflected that Marino administered-Other. clarification." On 8/31/19 documer reflected that Marino administered that Marino administered that Marino administered that Marino The surveyor observation administered to Res	on area for Resident # 28 as, to problems at this time with She is fed by staff. She has are but doesn't wear them at 28 has fair intake and her al range at this time. DX: roidism, hypokalemia, h, old MI (heart attack), ageal reflux disease)." If do but were not limited to, ed inform MD/RP (medical arty) of wt (weight) changes." If ders that included but were pol 5 mg (milligram) capsule th) Q (every) day DX which was initiated by the served documentation of "N" do, which meant not following dates: intation in the clinical record I "was refused by resident." Intation in the clinical record I "was not Pending provider intation in the clinical record I was "unavailable." The def that facility staff 5 mg as having been ident # 28 on 8/22/19, 8/27/19, 8/28/19, 8/27/19, 8/28/19,	F	REC		

	DEFICIENCIES CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	i -	(X2) MULTIPLE CONSTRUCTION A BUILDING		(X3) DATE SURVEY COMPLETED	
		495350	B. WING				C 26/2040
	ROVIDER OR SUPPLIER	4		9	TREET ADDRESS, CITY, STATE, ZIP CODE 434 COEBURN MOUNTAIN ROAD VISE, VA 24293	1 09/	26/2019
(X4) ID PREFIX TAG	(EACH DEFICIENCY MUST BE PRECEDED BY FULL PRE		ID PREFI TAG		PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BI CROSS-REFERENCED TO THE APPROPRIA DEFICIENCY)	HOULD BE CO	
F 760	The surveyor reviewed medication administration administration administration administration and the first surveyor obsoned the medical record administered on the first surveyor observed that Marinol "Pending Rx (prescript on 9/9/19 documents reflected that Marinol "Pending Rx (prescript on 9/9/19 documents reflected that Marinol Refused x3." The surveyor observed documented that Marinol Refused x3." On 9/2/19 of 142.6. On 9/2/19 at 11:53 the director of nursing been documented as dates listed above. The additional information was unavailable for fit to see the Marinol con August and Septembra.	at the September 2019 ation record for Resident # served documentation of "N" d, which meant not following dates: ation in the clinical record I was "not available." ation in the clinical record I was not administered ption)." ation in the clinical record I was refused by resident. at the facility staff rinol 5 mg as having been dent # 28 on 9/1/19, 9/2/19, 9, 9/7/19. dent # 28's weights in the ent # 28 has a 14.20% x month period. Resident # 3/6/19 of 148.6 and a weight am, the surveyor informed g that Marinol 5 mg had s being unavailable on the file surveyor requested in as to why the Marinol 5 mg Resident # 28 and requested outrolled substance log from over 2019 for Resident # 28.	F	760			
	informed the surveyor controlled substance	m, the director of nursing or that there were no Marinol logs for Resident # 28 for rector of nursing informed the			RECEIVE	ED.	



i	CORRECTION	IDENTIFICATION NUMBER:	A, BUILDI		E CONSTRUCTION	(X3) DATE COMP	SURVEY PLETED
		495350	B. WING				C 26/2019
	ROVIDER OR SUPPLIER			9	STREET ADDRESS, CITY, STATE, ZIP CODE 9434 COEBURN MOUNTAIN ROAD NISE, VA 24293	j <i>Gal</i>	20/20 (9
(X4) ID PREFIX TAG	(EACH DEFICIENC)	ATEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREFI TAG		PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD B CROSS-REFERENCED TO THE APPROPRIA DEFICIENCY)	E NTE	(X5) COMPLETION DATE
F 760	surveyor that the phyprescription on 8/16/1 not specify a quantity came into the facility. Stated that the facility the physician to no awith a quantity. The dithe surveyor with a common of the director of nursing even though the order Marinol was not delive 9/10/19. The director that facility staff documentation that in the building available. The facility policy and "Administering Medic documentation that in to,"Policy Interpretation of the initial the reside administration record after giving each medical must initial the reside administering the next on 9/26/19 at 5:01 production of the prod	sician had written a 19 for Marinol 5 mg, but did so the medication never The director of nursing nurses attempted to contact vail to get a new prescription lirector of nursing provided opy of a prescription for s written on 9/9/19 that f 30 capsules to be sent. g informed the surveyor that r was written on 8/16/19 the ered to the facility until of nursing acknowledged mented Marinol 5 mg as rered to Resident # 28 from 9, when the Marinol was not ole for administration. I standard of practice on ations" contained included but was not limited on and Implementation ministering the medication on the appropriate line lication and before it ones." m, the administrator, the nd corporate nurse e aware of the deficient ove and provided the estions and submit i.		760			
		am had no further questions ation regarding this issue			RECEE	/ED	



STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		IDENTIFICATION NUMBER		É CONSTRUCTION	(X3) DATE SURVEY COMPLETED		
		405250	D MARNIC		С		
		495350	B. WING		09/26/2019		
NAME OF P	ROVIDER OR SUPPLIER		ŀ	STREET ADDRESS, CITY, STATE, ZIP CODE			
UCDITACS	E HALL WISE		}	9434 COEBURN MOUNTAIN ROAD			
HENTAGE	I MALL WIGH		1	WISE, VA 24293			
(X4) ID	SUMMARY ST	ATEMENT OF DEFICIENCIES	l lo	PROVIDER'S PLAN OF CORRECTION			
PREFIX TAG		Y MUST BE PRECEDED BY FULL LSC IDENTIFYING INFORMATION)	PREFIX TAG	(EACH CORRECTIVE ACTION SHOULD E CROSS-REFERENCED TO THE APPROPRI DEFICIENCY)	E (X5) COMPLETION ATE DATE		
F 760	Continued From page	∍ 35	F 760				
	was presented to the conference on 9/26/1	survey team prior to the exit 9.					
F 842	Resident Records - Id	dentifiable Information	F 842	F842			
SS=D				Corrective Action(s):			
00-10	(,,-,,			Resident #21's attending physician has			
	§483.20(f)(5) Resider	nt-identifiable information.		been notified that the facility failed to			
	(i) A facility may not r	elease information that is		accurately transcribe the physician			
	resident-identifiable t			medication order for Ferrous Sulfate. A			
ĺ		elease information that is		facility Incident & Accident form has			
	resident-identifiable t			been completed for this incident.			
ŀ	1	ntract under which the agent		Identification of Deficient Practices &			
	, -	disclose the information		Corrective Action(s):			
	to do so.	he facility itself is permitted		All other residents receiving Ferrous			
	to do so.			Sulfate medication may have potentially	,		
	§483.70(i) Medical re	ecords	1	been affected. A 100% review of all			
		rdance with accepted		resident Physician Orders will be			
		ds and practices, the facility		conducted by the DON, ADON, and/or			
	1,	al records on each resident		designee to identify residents at risk. All negative findings will be clarified and/or			
	that are-			correct as applicable at time of discovery			
	(i) Complete;			A facility Incident & Accident form will	/·		
	(ii) Accurately docum			be completed for each negative finding.	***		
	(iii) Readily accessib						
ļ	(iv) Systematically or	ganized		Systemic Change(s):	-		
	C400 70/0/0/ The fire			The facility policy and procedure has			
		cility must keep confidential		been reviewed and no changes are warranted at this time. All licensed			
		ned in the resident's records, n or storage method of the		nursing staff will be inserviced by the			
	records, except when			Regional Nurse Consultant or DON on			
	(i) To the individual, of			obtaining, transcribing, and completing			
1		permitted by applicable law;	}	physician medication and treatment			
	(ii) Required by Law;			orders.			
		yment, or health care					
	operations, as permi	tted by and in compliance					
	with 45 CFR 164.506	•		RECE	VEN		
		activities, reporting of abuse,			1		
	1 -	violence, health oversight dadministrative proceedings,		OCT 3 †	2019		
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A95350 NAME OF PROVIDER OR SUPPLIER HERITAGE HALL WISE A95350 B. WING STREET ADDRESS, CITY, STATE, ZIP CODE 9434 COEBURN MOUNTAIN ROAD WISE, VA 24293	(X5) COMPLETION
NAME OF PROVIDER OR SUPPLIER STREET ADDRESS, CITY, STATE, ZIP CODE 9434 COEBURN MOUNTAIN ROAD	(X5)
HERITAGE HALL WISE 9434 COEBURN MOUNTAIN ROAD	(XS) COMPLETION
UEVITAGE ITALE MIGH	(X5)
WISE, VA 24253	(X5)
(X4) ID SUMMARY STATEMENT OF DEFICIENCIES ID PROVIDER'S PLAN OF CORDECTION	(X5) COMPLETION
PROTEIN (FACH DEFICIENCY MIST BE PRECEDED BY SILL)	DATE
F 842 Continued From page 36 law enforcement purposes, organ donation purposes, research purposes, or to coroners, medical examiners, funeral directors, and to avert a serious threat to health or safety as permitted by and in compliance with 45 CFR 164.512. § 483.70(i)(3) The facility must safeguard medical record information against loss, destruction, or unauthorized use. § 483.70(i)(4) Medical records must be retained for- (i) The period of time required by State law; or (ii) Five years from the date of discharge when there is no requirement in State law; or (iii) For a minor, 3 years after a resident reaches legal age under State law. § 483.70(i)(5) The medical record must contain- (i) Sufficient information to identify the resident; (iii) A record of the resident's assessments; (iiii) The comprehensive plan of care and services provided; (iv) The results of any preadmission screening and resident review evaluations and determinations conducted by the State; (v) Physician's, nurse's, and other licensed professional's progress notes; and (vi) Laboratory, radiology and other diagnostic services reports as required under §483.50. This REQUIREMENT is not met as evidenced by: Based on observation, staff interview and clinical record review the facility failed to ensure a complete and accurate clinical record for 1 of 23 Residents, Resident #21. The findings included:	

DEPARTMENT OF HEALTH AND HUMAN SERVICES

CENTERS FOR MEDICARE & MEDICAID SERVICES

AND PLAN OF CORRECTION		I IDENTIFICATION NUMBER 1		X2) MULTIPLE CONSTRUCTION L BUILDING			(X3) DATE SURVEY COMPLETED	
		495350	B. WING_	7.0		l	C	
NAME OF PROVIDER OR SUPPLIER HERITAGE HALL WISE				STREET ADDRESS, CITY, STATE, ZIP CODE 9434 COEBURN MOUNTAIN ROAD WISE, VA 24293				
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F 842	date of 12/16/10 and 1/18/19. The Resided diagnoses, which incl Multiple Sclerosis, An 2 Diabetes Mellitus, Manxiety Disorder, Her Hypertension and Ga Disease. The most recent annuwith an ARD (assess 8/01/19 assigned the interview for mental sin section C, cognitive The discharge medica hospital discharge suicontained a physician 325 mg (65 mg iron) day for anemia". The entered in the medica stated "Ferrous Sulf EBID". On 8/26/19 at approximating to Resident #21. The surveyor spoke we 9/26/19 at approximating Resident #21's order to Pharmacist #1 stated pharmacy on 1/18/19	facility staff failed to a physician's order heet listed an admission a readmission date of nt's diagnosis list indicated uded, but not limited to emia, Hypothyroidism, Type Major Depressive Disorder, niplegia, Essential stro-esophageal Reflux all MDS (minimum data set) ment reference date) of Resident a BIMS (brief tatus) score of 15 out of 15 e patterns. ations list from the 1/18/19 mmary was reviewed and 's order for "Ferrous Sulfate Tablet: 1 tablet oral twice a resident's physician order I record dated 1/18/19 ic 324 mg tablet, one PO mately 8:29 am, surveyor nister Ferrous Sulfate 325 with pharmacist #1 on ely 11:09 am regarding	F	342	REC.	1 20	9	
i <u> </u>	Canalo CET ING WICE	any and the medication is				i		

		IDENTIFICATION NUMBER:		IPLE CONSTRUCTION NG	(X3) DATE SURVEY COMPLETED		
		495350	B. WING_			С	
NAME OF PROVIDER OR SUPPLIER HERITAGE HALL WISE				STREET ADDRESS, CITY, STATE, ZIP CODE 9434 COEBURN MOUNTAIN ROAD WISE, VA 24293			
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F 842	an OTC (over the co supplied by the phare The concern of not to order correctly was a administrative staff (nursing, and regional meeting on 9/26/19	nunter) medication and is not macy. ranscribing a physician's	F 8	342			