PRINTED: 11/10/2020 FORM APPROVED OMB NO. 0938-0391

	OF DEFICIENCIES  OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	A. BUILDIN	PLE CONSTRUCTION  G		OMPLETED
		495315	B. WING _		-	C 1 <b>0/09/2020</b>
	PROVIDER OR SUPPLIER			STREET ADDRESS, CITY, STATE, ZIP CO 803 SOUTH MAIN ST WOODSTOCK, VA 22664		10/03/2020
(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 COR (EACH CORRECTIVE ACTION CROSS-REFERENCED TO THE A DEFICIENCY)	SHOULD BE	(X5) COMPLETION DATE
F 580 SS=D	standard survey we through 10/9/2020 unsubstantiated are unsubstantiated as unsubstantiat	Medicare/Medicaid abbreviated as conducted 10/6/2020 . Complaints [VA0004973 and VA00048671 were investigated during the seare required for compliance FR Part 483 Federal Long ment(s).  88 certified bed facility was 70 arvey. The survey sample current Resident reviews ugh #5), and two closed records #1 and #2).  (Injury/Decline/Room, etc.)  (14)(i)-(iv)(15)  tification of Changes. In mediately inform the resident; sident's physician; and notify, or her authority, the resident when there iswolving the resident which do has the potential for requiring ion; ange in the resident's physical, social status (that is, a faith, mental, or psychosocial ethreatening conditions or	F 58			11/10/20
ABORATORY	DIRECTOR'S OR PROVI	DER/SUPPLIER REPRESENTATIVE'S SIGN	NATURE	TITLE		(X6) DATE

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.

Electronically Signed

10/27/2020

	OF DEFICIENCIES OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	A. BUILDING	PLE CONSTRUCTION  G	COMPLETED
		495315	B. WING		10/09/2020
	PROVIDER OR SUPPLIER	OF WOODSTOCK		STREET ADDRESS, CITY, STATE, ZIP CODE 803 SOUTH MAIN ST WOODSTOCK, VA 22664	
(X4) ID PREFIX TAG	(EACH DEFICIENC	ATEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD CROSS-REFERENCED TO THE APPROPE DEFICIENCY)	BE COMPLETION
F 580	(ii) When making r (14)(i) of this secticall pertinent inform is available and prophysician. (iii) The facility muresident and the rewhen there is- (A) A change in resolved in §48 (B) A change in resolved in good in §48 (B) (C) (S) A change in resolved in good in §48 (B) (C) (S) (S) (S) (S) (S) (S) (S) (S) (S) (S	potification under paragraph (g) on, the facility must ensure that ation specified in §483.15(c)(2) ovided upon request to the stalso promptly notify the esident representative, if any, om or roommate assignment 3.10(e)(6); or sident rights under Federal or ations as specified in paragraph fon. Set record and periodically is (mailing and email) and the resident mposite distinct part. A facility is distinct part (as defined in ose in its admission agreement aration, including the various prise the composite distinct early to ween its different locations	F 586	1. Resident #5 medicine given as ordered. No ill effect noted.  2. All residents have the potential to affected. Quality review of residents MARs of the past 7 days to be comby October 30, 2020 to verify proper timely notification to physician or no practitioner of medication not administered or not available per M	s' pleted er urse

	OF DEFICIENCIES OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTII A. BUILDIN	PLE CONSTRUCTION  G	COM	E SURVEY IPLETED
		495315	B. WING _			C <b>09/2020</b>
	PROVIDER OR SUPPLIER  ATE HEALTH CARE  SUMMARY STA	OF WOODSTOCK  ATEMENT OF DEFICIENCIES	ID	STREET ADDRESS, CITY, STATE, ZIP CO 803 SOUTH MAIN ST WOODSTOCK, VA 22664 PROVIDER'S PLAN OF CORE	DDE	(X5)
PREFIX TAG	(EACH DEFICIENC	Y MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	PREFIX TAG	(EACH CORRECTIVE ACTION S CROSS-REFERENCED TO THE A DEFICIENCY)	SHOULD BE	COMPLETION DATE
F 580	not administered to B. The facility staff nurse practitioner to ordered three time administration as p 5:00 PM on 9/28/20 doses.  The findings include Resident #5 was a 9/24/20 with the dia alcohol cirrhosis will and diabetes. The Data Set) with an ADate) of 10/3/20, cognitively intact in decisions. The resindependent for all living, with only set was coded as contour A. Notification of m A review of the clin September 2020 Eadministration recorresident was not acmedications the model. Aspirin (1) 325 mg AM Multivitamin (2), on Folic Acid (3) 1 mg Furosimide (4) 80 m Potassium (5) chlo	failed to notify the physician or when Gabapentin 300 mg s daily was not available for prescribed on 9/24/20 through 0, for a total of 12 missed  e:  dmitted to the facility on agnoses of but not limited to the liver ascites, depression, admission MDS (Minimum ARD (Assessment Reference oded the resident as being ability to make daily life ident was coded as being areas of activities of daily up assistance required, and inent of bowel and bladder.  medications not administered: ical record revealed the MAR (electronic medication and in the following orning of 9/30/20 as ordered:  (milligrams), once daily at 9:00 AM mg, once daily at 9:00 AM mg, once daily at 9:00 AM mg, once daily at 9:00 AM	F 58	orders.  3. Licensed nurses to be re-ed DON/Designee By October 3 administering medications per orders including notification of medications not administered available per MD/NP orders. will be monitored during clinic ensure notification and imple.  4. DON/Designee will conduct review of 10% of residents' Mensure compliance of proper notification to physician or nu practitioner of medication not administered or not available orders weekly times 4 weeks monthly x 3 months. Variance reported to QAPI with the follatindicated.  5. Date of compliance Novem 2020.	so, 2020 on er MD/NP of dor not New orders cal meeting to mentation. et quality MARs to timely urse then es will be ow up as	

	OF DEFICIENCIES OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	A. BUILDIN	PLE CONSTRUCTION  IG		MPLETED
		495315	B. WING _		10	C /09/2020
	PROVIDER OR SUPPLIER	OF WOODSTOCK		STREET ADDRESS, CITY, STATE, ZIP CO 803 SOUTH MAIN ST WOODSTOCK, VA 22664		
(X4) ID PREFIX TAG	(EACH DEFICIENCY	ATEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORF (EACH CORRECTIVE ACTION S CROSS-REFERENCED TO THE A DEFICIENCY)	SHOULD BE	(X5) COMPLETION DATE
F 580	Spironolactone (6) Thiamine (7) 100 m Zoloft (8) 50 mg, or Metoprolol (9) 25 m 9:00 PM Gabapentin (10) 30 AM, 1:00 PM, and 3 Lispro (11) insulin, meals, at 7:30 AM, Lactulose (12) 10 0 three times daily at PM  A review of the elect Sheet) of current m of the above medic 9/24/20, the date of For the above medinsulin, and the 9:0 medications were medications were medications were medicated 9/30/20 with 2:42 PM. These medication was not a nurse's note date documenting, "Due medication was not a nurse's note date documented, "Resthat he did not get wanted me to give that due to the time not be able to give an order from the cunderstand yet after	100 mg, once daily at 9:00 AM ng, once daily at 9:00 AM ng, twice daily at 9:00 AM ng, twice daily at 9:00 AM and 100 mg, three times daily at 9:00 5:00 PM 5 units three times daily before 11:30 AM, and 4:30 PM GM (grams) / 15 ml (milliliters), 9:00 AM, 1:00 PM, and 5:00 ctronic POS (Physician's Order nedications revealed that each eations were ordered on f admission.  Ilications, the 7:30 AM dose of 10 AM dose of all the other not administered on 9/30/20.  Ical record revealed nurses Licensed Practical Nurse) times ranging from 2:39 PM to otes were linked to the EMAR ove medications; with each note at to time taken (sic) over cart	F 58			

	OF DEFICIENCIES OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	JAS COLORS NO. 2003 Medicario Colo	E CONSTRUCTION		TE SURVEY MPLETED
		495315	B. WING		10	C /09/2020
	PROVIDER OR SUPPLIER		8	TREET ADDRESS, CITY, STATE, ZIP CODE 03 SOUTH MAIN ST VOODSTOCK, VA 22664	,	, 00, 2020
(X4) ID PREFIX TAG	(EACH DEFICIENC	ATEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORREC (EACH CORRECTIVE ACTION SHO CROSS-REFERENCED TO THE APPR DEFICIENCY)	ULD BE	(X5) COMPLETION DATE
F 580	so we discussed it he fully understood me he knew he wo when it was due per the period of the physician / nurs prescribed medical ordered.  On 10/8/20 at 12:2 (licensed practical she stated that on was called in and cabout 10:30 AM. Littook over the cart, #5] next scheduled that, "I was always when giving 1:00 Poon time you cannot she stated that the when she was called the day shift nurses stated that she did did not give the me on the cart at the she stated that the building and she not she was told not to meds.  On 10/9/20 at 10:4 with LPN #3, she s from LPN #5, that I 9:00 AM meds to e #3 stated that she is	a second time and it appeared I at that time as he relayed to uld not receive it until morning	F 580			

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION  (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:		(X2) MULTIP A. BUILDING	LE CONSTRUCTION	(X3) DATE SURVEY COMPLETED		
		495315	B. WING			09/2020
	PROVIDER OR SUPPLIER			STREET ADDRESS, CITY, STATE, ZIP CODE 803 SOUTH MAIN ST WOODSTOCK, VA 22664		
(X4) ID PREFIX TAG	(EACH DEFICIENC	ATEMENT OF DEFICIENCIES BY MUST BE PRECEDED BY FULL LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOUL CROSS-REFERENCED TO THE APPROPOLICIENCY)	D BE	(X5) COMPLETION DATE
F 580	get any of his more give any specifics given and that the LPN #3 stated that and is still on the comedications are diuntil relief shows used and the comedications are diuntil relief shows used and the physical states of the physi	ning meds but that she did not about which meds were not nurse practitioner stated ok. t if a nurse has to work over lock when the next scheduled ue, they are to administer them	F 580			
	one else was com was notified arour	se no one notified me that no ing." She stated that when she d 9:15 AM that someone would arted to give 9:00 AM meds and				

	OF DEFICIENCIES OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	A. BUILDI	TIPLE CONSTRUCTION		TE SURVEY MPLETED
		495315	B. WING		10	C 0/09/2020
enselvoorenees soesus s	PROVIDER OR SUPPLIER			STREET ADDRESS, CITY, STATE, ZII 803 SOUTH MAIN ST WOODSTOCK, VA 22664		
(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 C (EACH CORRECTIVE ACTI CROSS-REFERENCED TO TI DEFICIENCY	ON SHOULD BE HE APPROPRIATE	(X5) COMPLETION DATE
F 580	got through 3 resides She stated she represented to only 3 resided not notify the noregarding any med. On 10/8/20 at 4:22 conducted with LP worked the night of 10/1/20 and wrote AM. She stated the morning meds and them and saw the not given. LPN #4 could not have the she gave him his not that she did not cathe resident asked could have any of the could have any of the could not say that she does not rewith the nurse about ASM #4 stated, "It somebody said (a morning, to ask who what the next step go ahead and give is every 4-6 hours. saying 'I held all his what meds and who because I would not get before deciding further to doI do conversation with here	lents before LPN #3 arrived. Forted to LPN #3 that she gave idents. LPN #5 stated that she urse practitioner or physician lications she did not administer.  PM an interview was N #4, who was the nurse that f 9/30/20 to the morning of the note on 10/1/20 at 3:06 at Resident #5 asked about his she checked the computer for documentation that they were stated she told the resident hem at this time (nighttime when lighttime meds). She stated ll and consult the doctor when to have the meds, to see if he	F 5	80		

	OF DEFICIENCIES OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	no polygonomano		ONSTRUCTION		SURVEY PLETED
		495315	B. WING			C 10/09/2020	
	PROVIDER OR SUPPLIER		D. WING	STRE 803 S	EET ADDRESS, CITY, STATE, ZIP CODE SOUTH MAIN ST ODSTOCK, VA 22664	10/0	J9/2020
(X4) ID PREFIX TAG	(EACH DEFICIENC)	TEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREF TAG	1000	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD CROSS-REFERENCED TO THE APPROPE DEFICIENCY)	BE	(X5) COMPLETION DATE
F 580	shows it did not had been given." Rega conversation with this medications, As If she could have a gotten them that nidiscussed them an The diuretics would with his ascites"  On 10/9/20 at 11:44 Administrator) and Nursing) were notifiregarding physician None were provide.  B. Notification of many three times dai 2020 EMAR reveal until the 5:00 PM dmissed 12 doses be and 5:00 PM on 9/3 A review of the nurnotations of medications of medications of medications of medications of the EMAR for a meadministered, for the missed. There was physician / nurse pnotified of the unavalternative ordered.  On 10/8/20 at 9:49	open. Diuretics should have rding the evening nurse's he resident when he asked for SM #4 stated, "No one called. alled me then he could have ght and I would have dhe could have gotten them. If have been important to help to AM, ASM #1 (the ASM #2 (the Director of ied of the concern. Policies in notification was requested. In d.  The provided of the September ed that it was not administered one on 9/28/20. The resident petween admission on 9/24/20 (28/20).  The provided of the September ed that it was not administered one on 9/28/20. The resident petween admission on 9/24/20 (28/20).  The provided of the September ed that it was not administered one on 9/28/20. The resident petween admission on 9/24/20 (28/20).  The provided of the September ed that it was not available, linked to edication that was not a called the called or vailable medication and an area of the series	F	580			

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION  (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:		(X2) MULT A. BUILDI	TIPLE CONSTRUCTION  NG		(X3) DATE SURVEY COMPLETED		
		495315	B. WING _		10	C /09/2020	
	PROVIDER OR SUPPLIER			STREET ADDRESS, CITY, STATE, ZIP O 803 SOUTH MAIN ST WOODSTOCK, VA 22664		1 10/00/2020	
(X4) ID PREFIX TAG	(EACH DEFICIENC	TATEMENT OF DEFICIENCIES BY MUST BE PRECEDED BY FULL LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CO (EACH CORRECTIVE ACTION CROSS-REFERENCED TO THE DEFICIENCY)	N SHOULD BE	(X5) COMPLETION DATE	
F 580	Gabapentin required did notify the doctor not document it. So doctor said. She sa hard script and it doctor / nurse prastated that another get it but that they they were not give the meantime. Lest struggles getting rand the doctor / not day. LPN #2 states send scripts for modoctor comes in. made a note that send scripts for modoctor comes in. made a note that send scripts for modoctor comes in. made a note that send scripts for modoctor comes in. made a note that send scripts for modoctor comes in. made a note that send scripts for modoctor comes in. made a note that send scripts for modoctor comes in. made a note that send scripts for modoctor comes in. made a note that send scripts was made physician / nurse prescription written had no proof it was copy of the prescription written had no proof it was copy of the prescription. There physician / nurse put the Gabapentin was physician	red a hard script and that she or / nurse practitioner but did She could not recall what the stated the hospital did not send it was a few days before the citioner came in to sign it. She is nurse called the hospital to did not send it. She stated that in instructions of what to do in PN #2 stated the facility has medication from this pharmacy urse practitioner is not in every ad they try to get the hospital to eds that require them until the LPN #2 stated she should have	F 58	30			

	OF DEFICIENCIES OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	A. BUILD		CONSTRUCTION		PLETED
		495315	B. WING			1	09/2020
	PROVIDER OR SUPPLIER	OF WOODSTOCK		803	REET ADDRESS, CITY, STATE, ZIP CODE B SOUTH MAIN ST DODSTOCK, VA 22664	1 10/	03/2020
(X4) ID PREFIX TAG	(EACH DEFICIENCY	TEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREFI TAG	1000	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD CROSS-REFERENCED TO THE APPROPI DEFICIENCY)	BE	(X5) COMPLETION DATE
F 580	pharmacy. One nu a prescription pad we printed one out pharmacy would not another order and I long to get it into the stat box but we car until the pharmacy procedure to notify physician if meds a procedure to docur.  A review of the facion Shortages/Unavaila "6. If the medical Pharmacy due to focontraindication, dra drug-disease interested and Physician/Prested the missed dose and Physician/Prested the missed dose on the nurse's notes per Edocumentation show information: 8.1 A circumstances of the description of Pharmotification; and 8.3 On 10/9/20 at 11:48	rse practitioner does not have where she can write a script so and had her fill it in and the of use it so we had to get don't know why it took that e building. We have it in the mot pull it from the stat box has a prescription. It would be the nurse practitioner or re not available. It is ment everything."  It policy, "Medication able Medications" documented, tion is unavailable from armulary coverage, ug-drug interaction, action, allergy or other clinical build collaborate with Pharmacy scriber to determine a suitable tive8. When a missed dose cility nurse should document and the explanation for such a MAR or TAR and in the facility policy. Such and include the following description of the medication shortage; 8.2 A macy's response upon 8 Action(s) taken."	F 5	80			

PRINTED: 11/10/2020 FORM APPROVED OMB NO. 0938-0391 (X3) DATE SURVEY

	OF CORRECTION	IDENTIFICATION NUMBER:	A. BUILDING	i		MPLETED
		495315	B. WING		10	C <b>/09/2020</b>
	PROVIDER OR SUPPLIER			STREET ADDRESS, CITY, STATE, ZIP CODE 803 SOUTH MAIN ST WOODSTOCK, VA 22664		
(X4) ID PREFIX TAG	(EACH DEFICIENC	TATEMENT OF DEFICIENCIES BY MUST BE PRECEDED BY FULL LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECT (EACH CORRECTIVE ACTION SHOU CROSS-REFERENCED TO THE APPRO DEFICIENCY)	LD BE	(X5) COMPLETION DATE
F 580	Information obtain https://medlineplustml  2. Multivitamin - udeficiency due to pure during pregnancy. blocks of the body health. Information obtain https://www.webm8/multivitamin-oral-vitamins-oral/det  3. Folic Acid - hel cells. Information obtain https://medlineplustml  4. Furosimide - is blood pressure and Information obtain https://medlineplustml  5. Potassium - is your nerves to fun helps your heartbe move nutrients int of cells. Information obtain https://medlineplustml  6. Spironolactone Information obtain https://medlineplustml	d to prevent strokes. ed from s.gov/druginfo/meds/a682878.h  lised to treat or prevent vitamin boor diet, certain illnesses, or Vitamins are important building and help keep you in good led from lid.com/drugs/2/drug-18820-903 l/multivitamins-includes-prenata ails ps the body make healthy new led from s.gov/folicacid.html a diuretic used to treat high d edema. led from s.gov/druginfo/meds/a682858.h a type of electrolyte. It helps ction and muscles to contract. It leat stay regular. It also helps to cells and waste products out led from s.gov/potassium.html led is used to treat fluid retention.	F 580			

	PLAN OF CORRECTION   (X1) PROVIDER/SUPPLIER/CLIA   (X2) MULTIPLE CONSTRUCTION   A. BUILDING		COM	(X3) DATE SURVEY COMPLETED			
		495315	B. WING	B. WING		C 10/09/2020	
	PROVIDER OR SUPPLIER	OF WOODSTOCK		STREET ADDRESS, CITY, STATE, ZIP CODE 803 SOUTH MAIN ST WOODSTOCK, VA 22664	1 10	00/2020	
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)		ID PREFIX TAG	(EACH CORRECTIVE ACTION SHOU	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)		
F 580	7. Thiamine - is a value break down sugars Information obtaine https://medlineplus.tml  8. Zoloft - is an ant Information obtaine https://medlineplus.tml  9. Metoprolol - is upressure. Information obtaine https://medlineplus.tml  10. Gabapentin - is neuralgic pain. Information obtaine https://medlineplus.tml  11. Lispro - is an ir Information obtaine https://medlineplus.tml	vitamin used in the body to in the diet. d from gov/druginfo/meds/a682586.h idepressant. d from gov/druginfo/meds/a697048.h sed to treat high blood d from gov/druginfo/meds/a682864.h is used to treat seizures and d from gov/druginfo/meds/a694007.h is ulin used to treat diabetes. It d from gov/druginfo/meds/a697021.h is ed to treat constipation.	F 5	80			
F 656 SS=D	https://medlineplus.tml Develop/Implement CFR(s): 483.21(b)( §483.21(b) Compre §483.21(b)(1) The	gov/druginfo/meds/a682338.h t Comprehensive Care Plan	F 6	56		11/10/20	

AND PLAN OF CORRECTION  (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:		IDENTIFICATION NUMBER:		G	COMPLETED		
		495315	B. WING _		10	C 0/09/2020	
	PROVIDER OR SUPPLIER			STREET ADDRESS, CITY, STATE, ZIP COI 803 SOUTH MAIN ST WOODSTOCK, VA 22664			
(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 CORR (EACH CORRECTIVE ACTION S CROSS-REFERENCED TO THE AF DEFICIENCY)	HOULD BE	(X5) COMPLETION DATE	
F 656	resident rights set §483.10(c)(3), that objectives and time medical, nursing, a needs that are ideassessment. The describe the follow (i) The services the or maintain the resphysical, mental, a required under §48 (ii) Any services the under §483.24, §4 provided due to the under §483.10, incommendations findings of the PAS rationale in the resident's represer (A) The resident's desired outcomes. (B) The resident's future discharge. Fwhether the resident's future discharge plan, as appropriating requirements set for section.	resident, consistent with the forth at §483.10(c)(2) and includes measurable eframes to meet a resident's and mental and psychosocial ntified in the comprehensive comprehensive care plan mustaing - at are to be furnished to attain sident's highest practicable and psychosocial well-being as 33.24, §483.25 or §483.40; and at would otherwise be required 83.25 or §483.40 but are not be resident's exercise of rights aluding the right to refuse 483.10(c)(6). If a facility disagrees with the GARR, it must indicate its ident's medical record, with the resident and the intative(s)-goals for admission and preference and potential for facilities must document int's desire to return to the sessed and any referrals to cies and/or other appropriate	F 65				

AND PLAN OF CORRECTION (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	The Court of the C	G	COMPLETED			
		495315	B. WING _		10/0	9/2020
	PROVIDER OR SUPPLIER		1	STREET ADDRESS, CITY, STATE, ZIP CODE 803 SOUTH MAIN ST WOODSTOCK, VA 22664		
(X4) ID PREFIX TAG	(EACH DEFICIENC	TATEMENT OF DEFICIENCIES BY MUST BE PRECEDED BY FULL LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTIO (EACH CORRECTIVE ACTION SHOULD CROSS-REFERENCED TO THE APPROP DEFICIENCY)	BE	(X5) COMPLETION DATE
F 656	Based on staff int and facility docum that the facility star comprehensive cathe survey sample.  The findings included the survey sample.  Resident #5 was a 9/24/20 with the dialocation cirrhosis wand diabetes. The Data Set) with an Date) of 10/3/20, of cognitively intact in decisions. The resindependent for alliving, with only sewas coded as conditionally was coded as conditionally as a cod	erview, clinical record review ent review, it was determined ff failed to implement the are plan for one of 5 residents in a Resident #5.  de:  admitted to the facility on agnoses of but not limited to with liver ascites, depression, and admission MDS (Minimum ARD (Assessment Reference coded the resident as being a ability to make daily life sident was coded as being I areas of activities of daily trup assistance required, and tinent of bowel and bladder.  Sectronic orders of current alled the following medication with a following medication with a following medication with a following medication with a following at 9:00 AM and once daily at 9:00 AM and once d	F 650	1. Resident #5 care plan has been reviewed for any needed updates regarding medications.  2. All residents have the potential taffected. Quality review of resident MARs of the past 7 days to be comby October 30, 2020 to verify care being followed.  3. Licensed nurses to be re-educated DON/ Designee October 30, 2020 administering medications per MD/ orders including notification of medications not administered or not available per MD/NP orders. New of will be monitored during clinical meansure notification and implementated.  4. DON/Designee will conduct a quareview of residents' MARs to ensure compliance of proper timely notification physician or nurse practitioner of medication not administered or not available per MD orders weekly tim weeks then monthly x 3 months. Variances will be reported to QAPI the follow up as indicated.  5. Date of compliance of November 2020	o be ss' appleted plan is ted by on /NP of orders eeting to ation. uality reation to the set 4 with	

STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:		(X2) MULTIPLE CONSTRUCTION  A. BUILDING			(X3) DATE SURVEY COMPLETED			
		495315	B. WING			C 10/09/2020		
	PROVIDER OR SUPPLIER			803 S	ET ADDRESS, CITY, STATE, ZIP CODE COUTH MAIN ST DDSTOCK, VA 22664	1 10/	00/2020	
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES  (EACH DEFICIENCY MUST BE PRECEDED BY FULL  REGULATORY OR LSC IDENTIFYING INFORMATION)  TAG				PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD CROSS-REFERENCED TO THE APPROPROFICIENCY)	DBE	(X5) COMPLETION DATE	
F 656	Lispro (11) insulin, meals, at 7:30 AM Lactulose (12) 10 three times daily a PM  A review of the clir September 2020 E administration received for the above medications were A review of the basincluded one for "Nincluded the goal" A review of the clir notes by LPN #3 (dated 9/30/20 with 2:42 PM. These refor each of the abodocumenting, "Durmedication was not a review of the correvealed the follow-One for potential restrictionand diwhich included the "Administer medication as order-One for Diabetes the intervention damedication as order-One for liver disease."	5 units three times daily before, 11:30 AM, and 4:30 PM GM (grams) / 15 ml (milliliters), to 9:00 AM, 1:00 PM, and 5:00  mical record revealed the EMAR (electronic medication ord). This review revealed that ications, the 7:30 AM dose of 20 AM dose of all the other not administered on 9/30/20. Seline care plan dated 9/24/20 Metabolic / Diabetic" that "Medication as ordered."  mical record revealed nurses Licensed Practical Nurse) times ranging from 2:39 PM to notes were linked to the EMAR over medications; with each note to time taken (sic) over cart of given."  mprehensive care plan ving: fluid deficit r/t (related to) fluid furetic use" dated 10/8/20 for ations as ordered"	F 6	56				

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION  (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:		(X2) MULTIPLE CONSTRUCTION A. BUILDING				(X3) DATE SURVEY COMPLETED	
		495315	B. WING				C <b>09/2020</b>
	PROVIDER OR SUPPLIER			STREET ADDRESS, CITY, STATE, ZIP CO 803 SOUTH MAIN ST WOODSTOCK, VA 22664	DDE		100
(X4) ID PREFIX TAG	(EACH DEFICIENC	TATEMENT OF DEFICIENCIES BY MUST BE PRECEDED BY FULL LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF COR ( (EACH CORRECTIVE ACTION : CROSS-REFERENCED TO THE A DEFICIENCY)	SHOULD B		(X5) COMPLETION DATE
F 656	ordered" One for use of an 10/8/20 which incli 10/8/20 for "Admir medications as ord. One for potential to alcoholic liver of hypokalemia, hypodepression, dated intervention dated medications as ord.  On 10/9/20 at 8:38 conducted with LP the night nurse fro 9/30/20 and was semedications were #3 came in around before LPN #3 stated she was 3:38 conducted with LP the night nurses dino one notified he anyone was comir She stated she was 7:00 AM and was coming. LPN #5 semedications because there at that tin her responsibility to another staff arrive past time for the element of the ele	ntidepressant medication dated uded the intervention dated hister antidepressant dered by physician."  for nutritional problem related irrhosis with ascites, diabetes, omagnesaemia, edema and 10/8/20 which included the 10/8/20 for "Administer"	F 6	56			

	ND PLAN OF CORRECTION  (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:		(X2) MULTIPLE CONSTRUCTION  A. BUILDING				(X3) DATE SURVEY COMPLETED		
		495315	B. WING			10	C 0/09/2020		
	PROVIDER OR SUPPLIER	OF WOODSTOCK		803 S	ET ADDRESS, CITY, STATE, ZIP CODE OUTH MAIN ST ODSTOCK, VA 22664		W 0012020		
(X4) ID PREFIX TAG	(EACH DEFICIENC	ATEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREFI TAG	x	PROVIDER'S PLAN OF CORRECT (EACH CORRECTIVE ACTION SHOU CROSS-REFERENCED TO THE APPRO DEFICIENCY)	LD BE	(X5) COMPLETION DATE		
F 656	On 10/9/20 at 10:4 #3, she stated that was "what we are g be sure they are m as they can while t asked if Resident # was followed, LPN  On 10/9/20 at 11:4 Staff Member - the (the Director of Nu concern. Policies was requested.  A review of the faci documented, "An in plan of care will be interdisciplinary tea and/or resident rep practicable and upo and federal regulat and implement an Person-Centered b hours of admission individualized Pers plan of care by the  No further informat the survey.  References:  1. Aspirin - is used Information obtained	7 AM in an interview with LPN the purpose of a care plan going to do for the resident to aintained as best quality of life hey are in the building." When #5's comprehensive care plan #3 stated it was not.  5 AM, ASM #1 (Administrative Administrator) and ASM #2 rsing) were notified of the regarding following care plans fility policy, "Plans of Care" individualized person-centered established by the am (IDT) with the resident presentative(s) to the extent dated in accordance with state fory requirementsDevelop individualized plan of care within 48 iDevelop and implement an on-Centered comprehensive Interdisciplinary Team"	F6	56					

STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:		(X2) MUL A. BUILD	TIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED			
		495315	B. WING			1	09/2020
	PROVIDER OR SUPPLIEI			STREET ADDRESS, CITY, STATE, 3 803 SOUTH MAIN ST WOODSTOCK, VA 22664	ZIP CODE	•	
(X4) ID PREFIX TAG	(EACH DEFICIEN	TATEMENT OF DEFICIENCIES CY MUST BE PRECEDED BY FULL LSC IDENTIFYING INFORMATION)	ID PREFI TAG		TION SHOULD THE APPROPE	BE	(X5) COMPLETION DATE
F 656	tml  2. Multivitamin - udeficiency due to during pregnancy blocks of the body health. Information obtain https://www.webn8/multivitamin-oral-vitamins-oral/dei  3. Folic Acid - he cells. Information obtain https://medlineplu.  4. Furosimide - is blood pressure an Information obtain https://medlineplu.  5. Potassium - is your nerves to fur helps your hearth move nutrients in of cells. Information obtain https://medlineplu.  6. Spironolactonolarion obtain https://medlineplu.  6. Spironolactonolarion obtain https://medlineplu.  1. Spironolactonolarion obtain https://medlineplu.  2. Multivitamin - ud.  3. Folic Acid - he cells. Information obtain https://medlineplu.  4. Furosimide - is blood pressure an Information obtain https://medlineplu.  5. Potassium - is your hearth move nutrients in of cells. Information obtain https://medlineplu.  6. Spironolactonolarion obtain https://medlineplu.  6. Spironolactonolarion obtain https://medlineplu.  6. Spironolactonolarion obtain https://medlineplu.	used to treat or prevent vitamin poor diet, certain illnesses, or . Vitamins are important building y and help keep you in good ned from nd.com/drugs/2/drug-18820-903 al/multivitamins-includes-prenata tails  Ips the body make healthy new ned from is.gov/folicacid.html  a diuretic used to treat high nd edema. In a diuretic used to treat high ned from is.gov/druginfo/meds/a682858.h  a type of electrolyte. It helps notion and muscles to contract. It eat stay regular. It also helps to cells and waste products out ned from is.gov/potassium.html  be - is used to treat fluid retention. In the diet.  a vitamin used in the body to rs in the diet.		556			

	OF DEFICIENCIES OF CORRECTION	IDENTIFICATION NUMBER:	A. BUILDI	NG	RUCTION	CON	TE SURVEY MPLETED
		495315	B. WING				C /09/2020
	PROVIDER OR SUPPLIER	OF WOODSTOCK		803 SOUT	DDRESS, CITY, STATE, ZIP CODE TH MAIN ST TOCK, VA 22664		00,232
(X4) ID PREFIX TAG	(EACH DEFICIENCY	ATEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL .SC IDENTIFYING INFORMATION)	ID PREFIX TAG		PROVIDER'S PLAN OF CORRECTIC EACH CORRECTIVE ACTION SHOUL IOSS-REFERENCED TO THE APPROF DEFICIENCY)	D BE	(X5) COMPLETION DATE
F 656	8. Zoloft - is an ant Information obtaine https://medlineplus. tml  9. Metoprolol - is u pressure. Information obtaine	.gov/druginfo/meds/a682586.h tidepressant. ed from .gov/druginfo/meds/a697048.h	F 6	56			
	neuralgic pain. Information obtaine https://medlineplus. tml  11. Lispro - is an in Information obtaine	.gov/druginfo/meds/a694007.h					
F 684 SS=D	Information obtaine https://medlineplus. tml Quality of Care	used to treat constipation. ed from .gov/druginfo/meds/a682338.h	F 68	34			11/10/20
	applies to all treatm facility residents. Ba assessment of a res	care fundamental principle that nent and care provided to ased on the comprehensive esident, the facility must ensure we treatment and care in					

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION  (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:		According to the control of the cont	E CONSTRUCTION	COMPLETED		
		495315	B. WING		C 10/09/2020	
	PROVIDER OR SUPPLIER	OF WOODSTOCK		STREET ADDRESS, CITY, STATE, ZIP CODE 803 SOUTH MAIN ST WOODSTOCK, VA 22664	1 10/0	,0,2020
(X4) ID PREFIX TAG	(EACH DEFICIENCY	TEMENT OF DEFICIENCIES MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTIO (EACH CORRECTIVE ACTION SHOULD CROSS-REFERENCED TO THE APPROP DEFICIENCY)	BE	(X5) COMPLETION DATE
F 684	accordance with propractice, the compression of the	ofessional standards of rehensive person-centered residents' choices.  NT is not met as evidenced review and clinical record remined that the facility staff re was provided in accordance asive person-centered plan of sidents in the survey sample, acility staff failed to administer as to Resident #5 on cribed by the physician.	F 684	1. Resident #5 medicine given as ordered. No ill effect noted.  2. All residents have the potential taffected. Quality review of resident MARs of the past 7 days to be conby October 30, 2020 to verify propetimely notification to physician or not practitioner of medication not administered or not available per Norders.  3. Licensed nurses to be re-educated DON/ Designee by October 30, 20 administering medications per MD orders including notification of medications not administered or not available per MD/NP orders. New will be monitored during clinical meansure notification and implementated.  4. DON/Designee will conduct a quereview of 10% of residents' MARs ensure compliance of proper timel notification to physician or nurse practitioner of medication not administered or not available per Norders weekly times 4 weeks then monthly x 3 months. Variances will reported to QAPI with the follow up indicated.  5. Date of compliance November 1.	s' inpleted er urse  MD  ted by 20 on /NP  ot orders eeting to ation.  uality to y  MD  be o as	

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION  (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:		A. BUILDI	TIPLE CONSTRUCTION  NG	(X3) DATE SURVEY COMPLETED		
		495315	B. WING		10	C 0/09/2020
	PROVIDER OR SUPPLIER	OF WOODSTOCK		STREET ADDRESS, CITY, STATE, ZIP CO 803 SOUTH MAIN ST WOODSTOCK, VA 22664		
(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 COR (EACH CORRECTIVE ACTION CROSS-REFERENCED TO THE A DEFICIENCY)	SHOULD BE	(X5) COMPLETION DATE
F 684	Furosimide (4) 80 Potassium (5) chlo (milliequivalents), of Spironolactone (6) Thiamine (7) 100 m Zoloft (8) 50 mg, of Metoprolol (9) 25 mg; on Metoprolol (9) 25 mg; on PM Gabapentin (10) 30 AM, 1:00 PM, and Lispro (11) insulin, meals, at 7:30 AM, Lactulose (12) 10 of three times daily at PM A review of the elemedications reveal medications were admission.  For the above medications were admission.  A review of the climnotes by LPN #3 (Lidated 9/30/20 with 2:42 PM. These medication was not an urse's note dated documenting, "Due medication was not an urse's note dated documented, "Resthat he did not get wanted me to give that due to the times."	mg, once daily at 9:00 AM ride ER, 20 meq once daily at 9:00 AM 100 mg, once daily at 9:00 AM ng, once daily at 9:00 AM ng, once daily at 9:00 AM ng, twice daily at 9:00 AM and 5:00 PM 5 units three times daily before 11:30 AM, and 4:30 PM ng (grams) / 15 ml (milliliters), ng 9:00 AM, 1:00 PM, and 5:00 ng 1:00 AM, 1:00 PM, and 5:00 ng 1:00 AM dose of	F 6	84		

AND PLAN OF CORRECTION (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:		NG		(X3) DATE SURVEY COMPLETED		
		495315	B. WING			C <b>10/09/2020</b>		
	PROVIDER OR SUPPLIER	OF WOODSTOCK		STREET ADDRESS, CITY, STATE, ZIP COD 803 SOUTH MAIN ST WOODSTOCK, VA 22664	Έ			
(X4) ID PREFIX TAG	(EACH DEFICIENCY	TEMENT OF DEFICIENCIES  / MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREFI TAG	PROVIDER'S PLAN OF CORRECTIVE ACTION SH (EACH CORRECTIVE ACTION SH CROSS-REFERENCED TO THE AP DEFICIENCY)	HOULD BE	(X5) COMPLETION DATE		
F 684	an order from the dunderstand yet afte he asked me when we discussed it a study understood at he knew he would rewhen it was due per There were no note information regardinated administered.  On 10/8/20 at 12:23 (licensed practical response stated that on the was called in and dabout 10:30 AM. Let took over the cart, if #5] next scheduled that, "I was always when giving 1:00 Pron time you cannot She stated that the when she was called the day shift nurses stated that she did did not give the me on the cart at the second of the cart	octor. He appeared to r I gave him PM medications I was brining his potassium so econd time and it appeared he that time as he relayed to me not receive it until morning r orders."  Se documenting any furthering the medications that were the morning of 9/30/20 she id not arrive to the facility until PN #3 stated that when she that was time for his [Resident meds [medications]. LPN #3 told you can't give AM meds M meds. If they are not given give them at a later time." night nurse was still working and around 10:00 AM and that is did not show up. LPN #3 not know why the night nurse dications, since she still was cheduled medication time.  7 AM in a follow up interview that the had given veryone but 3 residents. LPN urse has to work over and is nen the next scheduled e, they are to administer them	F 6	84				

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION  (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:		A. BUILDING	E	COMPLETED			
		495315	B. WING		10	C 0/09/2020	
	PROVIDER OR SUPPLIER			STREET ADDRESS, CITY, STATE, ZIP CODE 803 SOUTH MAIN ST WOODSTOCK, VA 22664			
(X4) ID PREFIX TAG	(EACH DEFICIENC	TATEMENT OF DEFICIENCIES BY MUST BE PRECEDED BY FULL LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORREC (EACH CORRECTIVE ACTION SHO CROSS-REFERENCED TO THE APPR DEFICIENCY)	ULD BE	(X5) COMPLETION DATE	
F 684	On 10/9/20 at 8:38 conducted with LF 9/29/20 who work on duty when the LPN #5 stated tha AM (about an hou arrived), and that show up. She sta about 9:15 AM that over for day shift. supposed to get onever told that no that she did not gi insulin or 9:00 AM not supposed to bwas asked if it was ongoing care until her, even if it is pa LPN #5 stated, "Sthat a nurse is not know I can step in until they get there called out and was more meds becaus one else was comwas notified around be coming, she stagot through 3 residence of the conducted with ASM ember) the nurse that she does not with the nurse about ASM #4 stated, "It	B AM an interview was PN #5, the night nurse from ed over on 9/30/20 and was still 9:00 AM medications were due. It LPN #3 came in around 9:30 refore LPN #3 stated she the day shift nurses did not ted that no one notified her until at anyone was coming to take LPN #5 stated she was ff duty at 7:00 AM and was one was coming. She stated we Resident #5 his 7:30 AM medications because she was there at that time. LPN #5 is her responsibility to provide another staff arrived to relieve ast time for the end of her shift. Omeone has to let me know coming. If someone let me and do whatever I have to do be. But I was not aware anyone is not prepared to be giving see no one notified me that no ing." She stated that when she and 9:15 AM that someone would carted to give 9:00 AM meds and dents before LPN #3 arrived.	F 684				

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION  (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:		A. BUILDIN	PLE CONSTRUCTION  G	(X3) DATE SURVEY COMPLETED		
		495315	B. WING _		10	C 0/09/2020
	PROVIDER OR SUPPLIER			STREET ADDRESS, CITY, STATE, ZIP CODE 803 SOUTH MAIN ST WOODSTOCK, VA 22664		70312020
(X4) ID PREFIX TAG	(EACH DEFICIENC	ATEMENT OF DEFICIENCIES BY MUST BE PRECEDED BY FULL LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRE (EACH CORRECTIVE ACTION SHO CROSS-REFERENCED TO THE APP DEFICIENCY)	OULD BE	(X5) COMPLETION DATE
F 684	morning, to ask whether what the next step go ahead and give is every 4-6 hours saying 'I held all him what meds and whoecause I would not get before deciding further to doI do conversation with be because it never shows it did not have been given." Regarding formations, Alf she could have a gotten them that not not gotten them that not gotten them.  On 10/9/20 at 11:4 Administrator) and Nursing) were not regarding following requested. None and the properties of the prope	nich meds and based on that, would be. If it is once a day, it. I would hold something thatI can't tolerate someone just is meds.' I would want to know my. I would ask which meds eed to know what he did not ig to hold anything or what is not specifically recall a her (LPN #3) that day. It could be reppened. The evidence appen. Diuretics should have arding the evening nurse's the resident when he asked for SM #4 stated, "No one called. Called me then he could have ight and I would have ind he could have gotten them. It has a short to help the same are greatly the provided.  15 AM, ASM #1 (the Director of fied of the concern. Policies is physician's orders was were provided.	F 68	4		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  495315			(X2) MULTIPLE CONSTRUCTION A. BUILDING				(X3) DATE SURVEY COMPLETED	
		B. WING				C <b>10/09/2020</b>		
NAME OF PROVIDER OR SUPPLIER  CONSULATE HEALTH CARE OF WOODSTOCK				803	SOUTH MAIN ST ODDSTOCK, VA 22664	1 10/	03/2020	
(X4) ID PREFIX TAG	(EACH DEFICIENC)	ATEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREFI TAG	x	PROVIDER'S PLAN OF CORRECTIO (EACH CORRECTIVE ACTION SHOULD CROSS-REFERENCED TO THE APPROP DEFICIENCY)	BE	(X5) COMPLETION DATE	
F 684	health. Information obtained https://www.webmo. 8/multivitamin-oral/ I-vitamins-oral/deta 3. Folic Acid - help cells. Information obtained https://medlineplus 4. Furosimide - is a blood pressure and Information obtained https://medlineplus tml 5. Potassium - is a your nerves to funct helps your heartbeamove nutrients into of cells. Information obtained https://medlineplus	ed from d.com/drugs/2/drug-18820-903 multivitamins-includes-prenata iils as the body make healthy new ed from .gov/folicacid.html a diuretic used to treat high d edema. ed from .gov/druginfo/meds/a682858.h a type of electrolyte. It helps etion and muscles to contract. It at stay regular. It also helps o cells and waste products out ed from .gov/potassium.html - is used to treat fluid retention.	F	684				
	https://medlineplus tml	.gov/druginfo/meds/a682627.h vitamin used in the body to						
	Information obtained https://medlineplustml  8. Zoloft - is an and Information obtained	ed from .gov/druginfo/meds/a682586.h tidepressant.						

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION A. BUILDING			(X3) DATE SURVEY COMPLETED	
495315		B. WING		C 10/09/2020			
NAME OF PROVIDER OR SUPPLIER  CONSULATE HEALTH CARE OF WOODSTOCK				STREET ADDRESS, CITY, STATE, ZIP CODE 803 SOUTH MAIN ST WOODSTOCK, VA 22664	10/	03/2020	
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)		ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD CROSS-REFERENCED TO THE APPROPE DEFICIENCY)	BE	(X5) COMPLETION DATE	
F 684	pressure. Information obtaine https://medlineplus. tml	sed to treat high blood	F 68-	4			
	neuralgic pain. Information obtaine https://medlineplus. tml  11. Lispro - is an in Information obtaine https://medlineplus. tml  12. Lactulose - is u Information obtaine	d from gov/druginfo/meds/a694007.h sulin used to treat diabetes. d from gov/druginfo/meds/a697021.h					
F 755 SS=D	tml Pharmacy Srvcs/Pr CFR(s): 483.45(a)(l §483.45 Pharmacy The facility must pre drugs and biologica them under an agre §483.70(g). The fa personnel to admin permits, but only un a licensed nurse. §483.45(a) Procedu	ocedures/Pharmacist/Records b)(1)-(3)  Services by ovide routine and emergency als to its residents, or obtain beement described in cility may permit unlicensed ister drugs if State law ander the general supervision of bures. A facility must provide	F 75			11/10/20	
	pharmaceutical ser	vices (including procedures urate acquiring, receiving,					

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION  (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  495315		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULT A. BUILDIN	IPLE CONSTRUCTION  NG	CON	(X3) DATE SURVEY COMPLETED	
		495315	B. WING _		110	C <b>/09/2020</b>	
	PROVIDER OR SUPPLIER		STREET ADDRESS, CITY, STATE, ZIP CODE 803 SOUTH MAIN ST WOODSTOCK, VA 22664			00,202	
(X4) ID PREFIX TAG	(EACH DEFICIENC	ATEMENT OF DEFICIENCIES BY MUST BE PRECEDED BY FULL LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECT (EACH CORRECTIVE ACTION SHOT CROSS-REFERENCED TO THE APPROPRIED TO THE APPR	OULD BE	(X5) COMPLETION DATE	
F 755	dispensing, and adbiologicals) to mee §483.45(b) Service must employ or obpharmacist who- §483.45(b)(1) Provaspects of the provathe facility. §483.45(b)(2) Estareceipt and disposisufficient detail to ereconciliation; and §483.45(b)(3) Deteorder and that an ais maintained and provation of the facility documents and facility documents that the facility staff prescribed medical administration for example, Resident #6 (milligrams) was avoid times daily between 5:00 PM on 9/28/20 doses.  The findings included Resident #5 was as 9/24/20 with the dialog of the medical administration for example, Resident #8 (milligrams) was avoid times daily between 5:00 PM on 9/28/20 doses.	dministering of all drugs and set the needs of each resident.  Consultation. The facility stain the services of a licensed vides consultation on all vision of pharmacy services in ablishes a system of records of ition of all controlled drugs in enable an accurate ermines that drug records are in account of all controlled drugs periodically reconciled.  No is not met as evidenced erview, clinical record review ent review, it was determined failed to ensure physician tions were available for one of 5 residents in the survey 45. The facility staff failed to 5's Gabapentin 300 mg vailable for administration three in admission on 9/24/20 and 0, for a total of 12 missed	F 75	1. Resident #5 Gabapentin give ordered. No ill effects noted.  2. All residents have the potentiaffected. Quality review of resid MARs of the past 7 days to be to verify medication available porders.  3. Licensed nurses to be re-edu DON/ Designee by October 30, administering medications per Norders including notification of medications not administered on Pharmacy notification on medicavailable per MD/NP orders. Deserview of medication administrations are that medication given near that medication give	al to be lents' completed er MD licated by 2020 on MD/NP rations not aily clinical tion to		

		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	A. BUILD	MULTIPLE CONSTRUCTION  IILDING		(X3) DATE SURVEY COMPLETED C		
		495315 B. WING		/ING			10/09/2020	
	PROVIDER OR SUPPLIE	E OF WOODSTOCK	STREET ADDRESS, CITY, STATE, ZIP CODE 803 SOUTH MAIN ST WOODSTOCK, VA 22664			10/03/2020		
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)			27000	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD B CROSS-REFERENCED TO THE APPROPRI DEFICIENCY)	JLD BE COMPLETION		
F 755	(EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)		F 755  order and medication re-ordered pharmacy timely.  4. DON/Designee will conduct a review of 10 new orders for time implementation/ medications avoid MD orders weekly times 4 week monthly x 3 months. Variances weeported to QAPI with the follow indicated.		4. DON/Designee will conduct a quareview of 10 new orders for timely implementation/ medications available MD orders weekly times 4 weeks the monthly x 3 months. Variances will be reported to QAPI with the follow up a	ality ole per en oe as		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION  (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:		(X2) MULTIPLE CONSTRUCTION  A. BUILDING			(X3) DATE SURVEY COMPLETED			
		495315	B. WING		10	C 0 <b>/09/2020</b>		
	NAME OF PROVIDER OR SUPPLIER  CONSULATE HEALTH CARE OF WOODSTOCK			STREET ADDRESS, CITY, STATE, ZIP CODE  803 SOUTH MAIN ST  WOODSTOCK, VA 22664				
(X4) ID PREFIX TAG	(EACH DEFICIENC	TATEMENT OF DEFICIENCIES  CY MUST BE PRECEDED BY FULL  LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF COR (EACH CORRECTIVE ACTION CROSS-REFERENCED TO THE / DEFICIENCY)	SHOULD BE	(X5) COMPLETION DATE		
F 755	for meds that requin. LPN #2 stated that she notified the On 10/9/20 at 10:4 conducted with LP #3 stated that "we pharmacy. One may prescription pad we printed one out pharmacy would not another order and long to get it into the state box but we cauntil the pharmacy procedure to notify physician if meds a procedure to docu On 10/8/20 at 4:10 Staff Member - the made aware of the medication Gabap administration as a deget the Gabapentin she would look into information. In a fermation with the procedure to docu #2 stated that she get the Gabapentin she would look into information. In a fermation with the prescription writter had no proof it was copy of the prescriptioner. The readministered until documented as under the face of the	aire them until the doctor comes she should have made a note nem.  47 AM, an interview was PN #3, the unit manager. LPN had an issue with the urse practitioner does not have where she can write a script so t and had her fill it in and the not use it so we had to get I don't know why it took that he building. We have it in the unnot pull it from the stat box whas a prescription. It would be with the nurse practitioner or are not available. It is unent everything."  20 PM ASM #2 (Administrative endirector of Nursing) was endorcern Resident #5's pentin not being available for ordered by the physician. ASM recalled the resident did not in for 4 or 5 days. She stated to the concern for additional follow up interview on 10/9/20 at stated that there was a in on 9/28/20 or 9/29/20 but she is faxed to the pharmacy. A iption was provided and it was a signed by the nurse medication still was not 5:00 PM on 9/28/20 and was	F 755					

STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA AND PLAN OF CORRECTION IDENTIFICATION NUMBER:		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTI A. BUILDIN	PLE CONSTRUCTION  G	(X3) DATE SURVEY COMPLETED	
		495315	B. WING _			C / <b>09/2020</b>
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(X4) ID PREFIX TAG	(EACH DEFICIENC	ATEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL .SC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF COF (EACH CORRECTIVE ACTION CROSS-REFERENCED TO THE DEFICIENCY)	SHOULD BE	(X5) COMPLETION DATE
F 755	"Upon discovery the supply of a medical Facility staff should obtain the medicate medication is unaw formulary coverage interaction, drug-diother clinical reason with Pharmacy and determine a suitable When a missed do nurse should docu explanation for such a missed do nurse should docu explanation for such documentation information: 8.1 A circumstances of the description of Pharmotification; and 8.  On 10/9/20 at 11:4 Administrator) and the findings. No full References:  1. Gabapentin - is neuralgic pain. Information obtain.	at Facility has an inadequate atton to administer to a resident, of immediately initiate action to ion from Pharmacy6. If the railable from Pharmacy due to be, contraindication, drug-drug sease interaction, allergy or on, Facility should collaborate of Physician/Prescriber to the therapeutic alternative8. See is unavoidable, Facility ment the missed dose and the chamissed dose on the MAR or rese's notes per Facility policy. On should include the following description of the he medication shortage; 8.2 Armacy's response upon 3 Action(s) taken."  5 AM, ASM #1(the ASM #2 were made aware of urther information was provided.	F 75	5		