STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	49G057	A BUILDING _____ B WING _____	07/15/2021

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
MERRYFIELD RESIDENCE	111 HORSE MOUNTAIN VIEW COVINGTON, VA 24426

(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETION DATE
E 000	Initial Comments An unannounced Emergency Preparedness survey was conducted 07/13/2021 and 07/15/2021 The facility was in substantial compliance with 42 CFR Part 483 73, 483 475, Condition of Participation for Intermediate Care Facilities for Individuals with Intellectual Disabilities	E 000		
W 000	INITIAL COMMENTS An unannounced Focused Fundamental Medicaid re-certification survey was conducted 07/13/2021 and 07/15/2021 The facility was not in compliance with 42 CFR Part 483 Requirements for Intermediate Care Facilities for Individuals with Intellectual Disabilities (ICF/IID) The Life Safety Code survey/report will follow The census in this nine (9) certified bed facility was nine (9) at the time of the survey The survey sample consisted of five (5) individual reviews (Individuals #1 through #5)	W 000		
W 368	DRUG ADMINISTRATION CFR(s) 483 460(k)(1) The system for drug administration must assure that all drugs are administered in compliance with the physician's orders This STANDARD is not met as evidenced by Based on staff interview, clinical record review, and facility document review, the facility staff failed to administer medications per physician orders for one of five individuals, Individual #4 Individual #4 did not receive a scheduled 9 00 a m dose of Clonazepam on 06/11/2021 as ordered by the physician	W 368		8/23/21

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE | TITLE | (X6) DATE

Lynn Brackenridge | Quality Improvement Manager | 7/27/21

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

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	49G057	A BUILDING _____ B WING _____	07/15/2021

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
MERRYFIELD RESIDENCE	111 HORSE MOUNTAIN VIEW COVINGTON, VA 24426

(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETION DATE
W 368	Continued From page 1 Findings were On 07/13/2021, at approximately 11 30 a m , incident and accident reports for the previous six months were reviewed An incident report dated 06/11/2021 for Individual #4 contained the following information, including, but not limited to "Date of Incident 06/11/2021 Source for Critical Incident Date CNA [certified nursing assistant] Type of Incident Medication Error Brief Description of Incident did not give 9 a m pill Detailed Description of Incident When doing the 2 p m med count pill was not given MEDICATION ERRORS What type of med error has occurred Did not give medication What medications were involved Clonazepam 0 5 mg" Individual #4 had the following diagnoses, including but not limited to Severe intellectual disability, Intermittent explosive disorder, generalized anxiety and Autism On 07/15/2021 at approximately 8 00 a m , the MAR (medication administration record) was reviewed Observed on the MAR was an order for "Clonazepam 0 5 mg Take 1 tablet by mouth twice daily " The medication was initialed indicating it had been given as ordered on 06/11/2021 On 07/15/2021 at approximately 9 15 a m , RN (registered nurse) #1 was interviewed She was asked why the medication was signed off and	W 368	Provider Response 1) All ICF staff will be re-educated by the ICF nurses on medication administration during the ICF staff meeting for individual #4 Medication Administration Training and Ongoing Competency, Policy 6 06, will be reviewed during the ICF staff meeting with all ICF staff when administering medications to individual #4 The ICF nurses will review the medication administration time change for the medication for individual #4 during the ICF staff meeting 2) All ICF staff will be re-educated by the ICF nurses on medication administration during the ICF meeting for all Merryfield individuals Medication Administration Training and Ongoing Competency, Policy 6 06, will be reviewed during the ICF staff meeting with all staff when administrating medications to all Merryfield individuals The ICF nurses will review medication administration time change for all Merryfield individuals during the ICF staff meeting as appropriate 3) Any medication error will be reviewed by the ICF nurse/nurse coordinator along with the MAR rand physician order related to the medication error The quality improvement team will communicate and send any incident reports related to medication errors upon discovery to the ICF nurses/ nurse coordinator The ICF Administrator, ICF nurses, and the quality improvement team will be notified by an email when a medication error has occurred by the ICF staff 4) The ICF nurses and the nurse coordinator will monitor all medication errors Medication audits will be conducted monthly on all Merryfield individuals All incident reports to include medication errors will be reviewed during the Merryfield Satety meeting and during the monthly review meeting with the nurse coordinator and the quality improvement specialist If opportunities for improvement are identified during the monthly medication audit, implementation of process improvement will occur immediately	8/23/21

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	49G057	A BUILDING _____ B WING _____	07/15/2021

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
MERRYFIELD RESIDENCE	111 HORSE MOUNTAIN VIEW COVINGTON, VA 24426

(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETION DATE
W 368	Continued From page 2 how the error had been detected She stated, "When they did the med count at the end of the shift, the Clonazepam hadn't been signed out for the 9 00 a m dose " She was shown the MAR with the initials of the CNA on 06/11/2021 RN #1 stated, "It should be explained on the back " There were no entries on the back of the MAR She stated, "She shouldn't have initialed that, the medication wasn't given at 9 00 a m " The above information was discussed with the administrator, the QA (Quality Assurance) manager and the QIDP (qualified intellectual disability professional) during an end of survey meeting on 07/15/2021 at approximately 9 45 a m No further information was obtained prior to the exit conference on 07/15/2021	W 368		
W 369	DRUG ADMINISTRATION CFR(s) 483 460(k)(2) The system for drug administration must assure that all drugs, including those that are self-administered, are administered without error This STANDARD is not met as evidenced by Based on medication pass and pour observation, staff interview, and clinical record review, the facility staff failed to ensure medication was given per pharmacy recommendations for one of two individuals Twelve opportunities were observed with one error resulting in a medication error rate of 8 33% Findings were	W 369		8/23/21

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	49G057	A BUILDING _____ B WING _____	07/15/2021

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
MERRYFIELD RESIDENCE	111 HORSE MOUNTAIN VIEW COVINGTON, VA 24426

(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETION DATE
W 369	Continued From page 3 A medication pass and pour observation was conducted at the facility on 07/15/2021 at approximately 6 45 a m with CNA (certified nursing assistant) #1 Individual #5 was asked to come to the medication room His morning medications were prepared by CNA #1 As Individual #5's medications were placed in the medication cup, the medication cards were laid to the side for review The medication cards were labeled with the resident's name, the medication name, dosage, the medication route and time (hand written on each card) to be administered In addition, the cards were labeled with a yellow sticker(s) in the top right hand side of the card that included medication information (i e take with food, may cause drowsiness, drink a full glass of water with this medication, do not crush, etc) The cards for Levothyroxine, Metoprolol, Zinc and Vitamin D3 contained the following information including, but not limited to, on the yellow stickers Levothyroxine 50 mcg "Take this medication on an empty stomach, preferably 1/2 to 1 hour before breakfast " Metoprolol 50 mg "Take This Medication With Or Immediately After A Meal" Zinc 50 mg "Take This Medication With A Snack or Small Meal If Stomach Upset Occurs" Vitamin D3 2000 unit	W 369	Provider Response 1) The ICF Medical Director has prescribed the medication per the manufacturer and pharmacy recommendations for individual #5 The ICF nurses/nurse coordinator are working collaboratively with the pharmacy to update the medication administration record (MAR) to reflect the medication change for individual #5 The medication will be given per manufacturer and pharmacy recommendations for individual #5 2) All MAR's will be reviewed by the ICF nurses/nurse coordinator to ensure all medications are prescribed and given per the manufacturer and pharmacy recommendations for all Merryfield individuals The ICF nurses/nurse coordinator will work collaboratively with the pharmacy to ensure all medications are prescribed and administered per the manufacturer and pharmacy recommendations for all Merryfield individuals 3) During the medication audit, the ICF nurses/nurse coordinator will review the physician prescription order, the MAR, and the medication card to ensure all medications are administered per pharmacy recommendations The pharmacy will review all medications monthly to ensure all medications are administered per pharmacy recommendations Any medications not administered per pharmacy recommendations will be changed immediately in collaboration with the ICF nurses/nurse coordinator and ICF medical director Any medication change will be effectively communicated with all the ICF staff 4) During the monthly medication check in process, the ICF nurses/nurse coordinator will review the physician prescription order, the MAR, and the medication card to ensure all medications are administered per pharmacy recommendations Any medication that is not prescribed per pharmacy recommendation will be changed immediately to reflect the pharmacy recommendations by collaborating with the pharmacy and the ICF medical director	8/23/21

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	49G057	A BUILDING _____ B WING _____	07/15/2021

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
MERRYFIELD RESIDENCE	111 HORSE MOUNTAIN VIEW COVINGTON, VA 24426

(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETION DATE
W 369	Continued From page 4 "Take With Food" CNA #1 prepared all the medications and administered them whole with applesauce After the medications were administered she was asked when breakfast would be served She stated, "That's the next thing they do after they get their medicine " The information on the yellow stickers was pointed out and she was was asked how the medicines that were to be on an empty stomach could be given with the medications requiring food She stated, "I just go by the times on the MAR [medication administration record] and I make sure that is the time that is written on the cards " She was asked if she read the yellow stickers She stated, "Sometimes " She was asked who determined medication administration times She stated, "The nurses and the doctors do that " At approximately 7 30 a m the above information was discussed with the administrator She stated that the doctor and the nurses determine the times She then called the ordering physician The above information was discussed with him He was asked specifically about the Levothyroxine being given on an empty stomach He stated, "I have prescribed that for years, I don't think I knew that " The yellow sticker from the pharmacy was read to him He stated, "If that's what we are supposed to do, we will " RN (registered nurse) #1 was interviewed at approximately 9 15 a m She was asked about the medication times She stated, "The pharmacy does that " The medication order section of the clinical record was reviewed Beside the medication	W 369		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	49G057	A BUILDING _____ B WING _____	07/15/2021

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
MERRYFIELD RESIDENCE	111 HORSE MOUNTAIN VIEW COVINGTON, VA 24426

(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETION DATE
W 369	Continued From page 5 Levothyroxine was a "clipboard" symbol When clicked, medication information for the medication was provided It included "HOW TO USE Take this medication by mouth as directed by your doctor, usually once daily on an empty stomach, 30 minutes to 1 hour before breakfast " According to the "Nursing 2011 Drug Handbook" page 1108, "ADMINISTRATION" information for Levothyroxine contained the following information "Give drug at the same time each day on an empty stomach, preferably 1/2 to 1 hour before breakfast " 1 The above information was discussed with the administrator, the QA (Quality assurance) manager and the QIDP (qualified intellectual disability professional) during an end of survey meeting on 07/15/2021 at approximately 9 45 a m No further information was obtained prior to the exit conference on 07/15/2021 1 31st Edition Nursing 2011 Drug Handbook, Philadelphia Wolters Kluwe/Lippincott Williams & Wilkins, 2011	W 369		