State of Virginia

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: **VA0299**	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING _____	(X3) DATE SURVEY COMPLETED **01/09/2020**

POC NOT FINAL

NAME OF PROVIDER OR SUPPLIER **LEE HEALTH AND REHAB CENTER**	STREET ADDRESS, CITY, STATE, ZIP CODE **208 HEALTH CARE DRIVE** **PENNINGTON GAP, VA 24277**

(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) COMPLETE DATE
F 000	Initial Comments An unannounced Medicare/Medicaid standard survey and biennial State Licensure Inspection was conducted 01/07/2020 through 01/09/2020. Corrections are required for compliance with 42 CFR Part 483 Federal Long Term Care requirements and Virginia Rules and Regulations for the Licensure of Nursing Facilities. The Life Safety Code survey/report will follow. Complaint #VA00045841 was investigated during the survey. This complaint was substantiated with no deficient practice. The census in this 110 certified bed facility was 99 at the time of the survey. The survey sample consisted of 20 current Resident reviews and 3 closed record reviews.	F 000		
F 001	Non Compliance The facility was out of compliance with the following state licensure requirements: This RULE: is not met as evidenced by: The facility was not it compliance with the following Virginia Rules and Regulations for Licensure of Nursing Facilities Nursing Services 12 VAC 5-371 200-cross reference to F684 Pharmacy Services 12 VAC 5-371 250-cross reference to F756 and F761	F 001	F684 1. Resident #74's chart was immediately updated to reflect a physician's order to omit medication when resident is out to dialysis. 2. Any resident has the potential to be affected if medication is not give per physician order. A 100% audit of dialysis patients was completed to ensure that medications were being given per physician order. 3. Re-education was initiated on 1/8/2020 and provided to nursing regarding ensuring that medications are being given per physician order.	2/7/20

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE Electronically Signed	TITLE	(X6) DATE 02/06/20

State of Virginia

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F 001	Continued From page 1	F 001	4. 5 random charts will be audited weekly x4 weeks then monthly x2 months to ensure that medications have been given per physician order. Any and all findings to be reported to QA committee for further review and recommendations. F756 1. Resident #41 had an AIMS completed and entered into the medical record in October placing the resident in current compliance. 2. Any resident has the potential to be affected if pharmacy recommendations are not followed. A 100% audit of pharmacy recommendations was completed to ensure that all have been addressed by the physician and nursing and uploaded into the medical record. 3. Re-education initiated on 1/9/2020 and provided to physicians/nursing/Medical Records regarding ensuring that pharmacy recommendations are addressed timely and entered into the medical record. 4. 5 random charts will be audited weekly x4 weeks then monthly x2 months to ensure that pharmacy recommendations have been addresses and entered into the medical record. Any and all findings to be reported to QA committee for further review and recommendations. F761 1. All identified expired medications and lab tubes were immediately discarded. 2. Any resident has the potential to be affected if expired supplies/medications are used and/or administered.	

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	VA0299	A. BUILDING: _____ B. WING _____	**01/09/2020**

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
LEE HEALTH AND REHAB CENTER	**208 HEALTH CARE DRIVE** **PENNINGTON GAP, VA 24277**

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F 001	Continued From page 2	F 001	A 100% audit of all medications in the Omnicell was completed on 1/7/2020 to identify expired medications. All medications remaining were found to be in date. A 100% audit of all lab tubes in the center was completed with any expired tubes found immediately discarded. 3. Re-education initiated on 1/7/2020 and provided to the pharmacy representative responsible for reviewing the contents of the Omnicell regarding ensuring that all medications are reviewed and expired medications discarded. Re-education initiated on 1/7/2020 and provided to nursing regarding ensuring that lab tubes are in date. 4. All lab tubes in the center will be audited weekly x4 weeks and then monthly x2 months to ensure they are within date. The Omnicell representative will audit the Omnicell monthly x3 months to ensure that all medications are within date. Any and all findings to be reported to QA committee for further review and recommendations.	

POC NOT FINAL