PRINTED: 05/03/2022 FORM APPROVED OMB NO. 0938-0391

AND BLAN OF CORRECTION INDESTRUCTION NUMBERS		` ′	X2) MULTIPLE CONSTRUCTION A. BUILDING			(X3) DATE SURVEY COMPLETED	
			D WING			R-C	
		495105	B. WING _			03/	30/2022
NAME OF PR	ROVIDER OR SUPPLIER			STREET ADDRESS, CITY, STATE, ZIP CODE			
LYNCHBU	RG HEALTH & REHABII	ITATION CENTER		5615 SEMINOLE AVENUE			
				LYNCHBURG, VA 24502			
(X4) ID PREFIX TAG	(EACH DEFICIENC	ATEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PREFIX (EACH CORRECTIVE ACTION SHOUL		E	(X5) COMPLETION DATE
{E 000}	Initial Comments		{E 0	00}			
{F 000}	to the abbreviated su through 11/30/2021 v 03/29/2022 through 0 Emergency Prepared found to be in compli Federal requirements	03/30/2022. The facility's Iness Plan was reviewed and ance with CFR 483.73, the is for Emergency g Term Care facilities.	{F 0	00}			
	to the abbreviated co 11/29/2021 through 1 on 03/29/2022 through	edicare/Medicaid third revisit implaint survey conducted 1/30/2021 was conducted gh 03/30/2022. Corrections oliance with 42 CFR Part 483 care Requirements.					
{F 684} SS=D			{F 6	34}			4/26/22
	applies to all treatme facility residents. Bas assessment of a resident residents receive accordance with prof practice, the compred care plan, and the restriction This REQUIREMENT by:	Indamental principle that Int and care provided to Ited on the comprehensive Ident, the facility must ensure Ite treatment and care in Ite essional standards of Inensive person-centered		The statements made in the following the statements made in the following the following the following the statements made in th	owing		
ADODATORY	clinical record review	, the facility staff failed to SUPPLIER REPRESENTATIVE'S SIGNATURE		plan of correction are not an adn	-		(X6) DATE

Electronically Signed 04/19/2022

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		L IDENTIFICATION NUMBER:		(X2) MULTIPLE CONSTRUCTION A. BUILDING			(X3) DATE SURVEY COMPLETED	
		405405	D WING			R-C		
		495105	B. WING _			03/	30/2022	
NAME OF PI	ROVIDER OR SUPPLIER			ST	REET ADDRESS, CITY, STATE, ZIP CODE			
IVNCHBII	RG HEALTH & REHABIL	ITATION CENTER		56	15 SEMINOLE AVENUE			
LINCIIDO	NO HEALIN & KENADIL	HATION CENTER		LY	NCHBURG, VA 24502			
(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 BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)			(X5) COMPLETION DATE	
{F 684}	Continued From page		{F 68	84}				
	follow physician order in the survey sample, #313 was not adminis fluticasone-salmetero ipratropium-albuterol for treatment of COPI pulmonary disease) at The findings include: Resident #313 was a	rs for one of fifteen residents Resident #313. Resident stered two doses of I and two doses of as ordered by the physician			and do not constitute an agreement with the alleged deficiencies nor the reporter conversations and other information citin support of the alleged deficiencies. facility sets forth the following plan of correction to remain in compliance with federal and state regulations. The facility has taken or will take the actions set for in the plan of correction. The following plan of correction constitutes the facility allegation of compliance. All alleged deficiencies cited have been or will be	ed red The a all lity rth		
	acute and chronic res hypertension, benign pneumonia, anxiety, i of bladder and COVII	piratory failure with hypoxia, prostatic hyperplasia, neuromuscular dysfunction D-19. The minimum data set			corrected by the date or dates indicated	d.		
	cognitively intact. Resident #313's clinic physician's order date	l aerosol powder breath			Resident #313 is currently receiving medications as per MD orders. MD was notified of missed medications, no new orders. Current residents in the center have the	V		
	instructions for one in a day for treatment of documented a physic ipratropium-albuterol milligrams/3 milliliters puff inhaled by mouth shortness of breath. Resident #313's med (MAR) documented the administered schedul fluticasone-salmetero on 3/27/22 at 9:00 a.r. not administered schedul control administered schedul fluticasone-salmetero on 3/27/22 at 9:00 a.r. not administered schedul fluticasone-salmetero on 3/27/22 at 9:00 a.r. not administered schedul fluticasone-salmetero schedul fluticasone-salmetero on 3/27/22 at 9:00 a.r. not administered schedul fluticasone-salmetero schedul fluticasone-salmetero on 3/27/22 at 9:00 a.r. not administered schedul fluticasone-salmetero schedul fluticasone-salmetero on 3/27/22 at 9:00 a.r. not administered schedul fluticasone-salmetero schedul fluticasone-salmetero on 3/27/22 at 9:00 a.r. not administered schedul fluticasone-salmetero schedul fluticasone-salmetero on 3/27/22 at 9:00 a.r. not administered schedul fluticasone-salmetero on 3/27/22 at 9:00 a.r. not administered schedul fluticasone-salmetero schedul fluticasone-salmetero on 3/27/22 at 9:00 a.r. not administered schedul fluticasone-salmetero on 3/27/22 at 9:00 a.r. not administered schedul fluticasone-salmetero on 3/27/22 at 9:00 a.r. not administered schedul fluticasone-salmetero on 3/27/22 at 9:00 a.r. not administered schedul fluticasone-salmetero on 3/27/22 at 9:00 a.r. not administered schedul fluticasone-salmetero on 3/27/22 at 9:00 a.r. not administered schedul fluticasone-salmetero on 3/27/22 at 9:00 a.r. not administered schedul fluticasone-salmetero on 3/27/22 at 9:00 a.r. not administered schedul fluticasone-salmetero on 3/27/22 at 9:00 a.r. not administered schedul fluticasone-salmetero on 3/27/22 at 9:00 a.r. not administered schedul fluticasone-salmetero on 3/27/22 at 9:00 a.r. not administered schedul fluticasone-salmetero on 3/27/22 at 9:00 a.r. not administered schedul fluticasone-salmetero on 3/27/22 at 9:00 a.r. not administered schedul fluticasone-salmetero on 3/27/22 at 9:00 a.r. not admin	halation by mouth two times COPD. The clinical record ian's order dated 2/17/22 for solution 0.5-2.5 (3) with instructions for one three times per day for ication administration record he resident was not ed doses of I aerosol 250-50 mcg/dose m. and 6:00 p.m., and was eduled doses of			potential to be affected. Licensed nurses, including outside age nurses, will be educated by the DON/designee on following physician orders, the process for obtaining medications not available including notification to the provider for possible alternate treatment and activation of the back up Pharmacy. Education will includocumentation in the medical record of notification to the physician, In addition when medications are unavailable for administration, the DON/Administrator must be notified at time medications are	ne ude f n,		
		0.5-2.5 mg/3 ml on 3/27/22 p.m. The missed doses			unavailable. Any new agency nurses t			

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		IDENTIFICATION NUMBER:		(X2) MULTIPLE CONSTRUCTION A. BUILDING			(X3) DATE SURVEY COMPLETED	
495105 B. WING		B. WING _	WING			R-C 03/30/2022		
NAME OF PROVIDER OR SUPPLIER				S	TREET ADDRESS, CITY, STATE, ZIP CODE	1 03/	30/2022	
					615 SEMINOLE AVENUE			
LYNCHBU	IRG HEALTH & REHABIL	ITATION CENTER			YNCHBURG, VA 24502			
(X4) ID PREFIX TAG	(EACH DEFICIENC	ATEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREFI) TAG				(X5) COMPLETION DATE	
{F 684}	Continued From page	e 2	{F 6	84}				
	nursing notes.	AR with a reference to see 3/27/22 at 10:44 a.m., 10:51			the center and/or new nurse hires after the date of compliance will be educated on the above processes prior to working their first scheduled shift.	d		
	concerning the medic administered, "awaitii was no documentatio acquire the medicatio of the back-up pharm	ation doses not ng from pharmacy." There n about any attempts to ns from the pharmacy, use			The DON/designee will monitor the documentation for missed medications report from PCC and progress notes review daily for default notes from the EMAR to ensure medications are available and administrated as per physician orders.	;		
	documented the residence oxygen and had alter difficulty breathing duemphysema. Intervebreathing and respira	of care (revised 2/10/22) dent was on continuous ed respiratory status and e to COPD and ntions to maintain normal tion rate/pattern included, on/puffers as ordered"			Results of the monitor will be presented to the QAPI Committee for review and discussion, one the committee determing the problem no longer exits the monito will be conducted on a random basis. Date of Compliance: 04/26/2022	nes		
	interviewed about the medications. Reside two of his breathing in (3/27/22). Resident # working informed him not in the cart. Resid know if the medicatio time or if the pharmac On 3/29/22 at 4:40 p. (DON) was interviewed missed medications of she talked with the pharmac she talked	m., Resident #313 was recently missed at #313 stated he missed medications this past Sunday #313 stated the nurse at that the medications were ent #313 stated he did not as were not re-ordered in cy just did not deliver them. m., the director of nursing ed about Resident #313's on 3/27/22. The DON stated armacy and the insurance allow early re-ordering of the old and ipratropium-albuterol. Supply ran out with the last on 3/26/22. The DON stated						

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495105		495105	B. WING _			R-C 03/30/2022		
NAME OF PROVIDER OR SUPPLIER				S	TREET ADDRESS, CITY, STATE, ZIP CODE	1 03/	30/2022	
LYNCHBU	RG HEALTH & REHABIL	ITATION CENTER			615 SEMINOLE AVENUE YNCHBURG, VA 24502			
(X4) ID PREFIX TAG	(EACH DEFICIENC	ATEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREFIX TAG	x	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD B CROSS-REFERENCED TO THE APPROPRI DEFICIENCY)		(X5) COMPLETION DATE	
{F 684}	3/27/22 in time so the scheduled doses of e DON stated the pharm Sunday until the ever On 3/30/22 at 8:15 a. with the administrator consultant (administrator consultant (administrator consultant (administrator consultant (administrator) and the school of	ot get to the facility on resident missed two ach of the medicines. The macy did not deliver on ning. m., the survey team met of DON and corporate ative staff #3) about the deficient medications. The stated Resident #313's the asone-salmeterol and did not show on their the administrative staff ware the medicines were. The corporate consultant did the nurse administering 22 to Resident #313 and the did in the other medication to locate the scheduled dent. The DON stated the other medicines to administer, should the back-up pharmacy that she icines to administer, should the back-up pharmacy, and the provider about a possible or the unavailable medicines. The unavailable medicines were no 24-hour pharmacy the immediate area and their did not always provide medications.	{F 6	84}				
F 755 SS=D	administrator, directo consultant on 3/29/22 at 8:15 a.m.	r of nursing and corporate 2 at 4:45 p.m. and on 3/30/22 cedures/Pharmacist/Records	F7	755			4/26/22	

		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	` ′	PLE CONSTRUCTION G	' '	(X3) DATE SURVEY COMPLETED		
		495105	B. WING		R-C 03/30/2022			
NAME OF PROVIDER OR SUPPLIER LYNCHBURG HEALTH & REHABILITATION CENTER				STREET ADDRESS, CITY, STATE, ZIP COD 5615 SEMINOLE AVENUE LYNCHBURG, VA 24502		3/30/2022		
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)		ID PROVIDER'S PLAN OF C PREFIX (EACH CORRECTIVE ACTIV TAG CROSS-REFERENCED TO TH DEFICIENCY		N SHOULD BE	(X5) COMPLETION DATE		
F 755	drugs and biologicals them under an agree §483.70(g). The faci personnel to adminis permits, but only und a licensed nurse. §483.45(a) Procedur pharmaceutical servithat assure the accurdispensing, and admibiologicals) to meet to §483.45(b) Service Comust employ or obtain pharmacist who- §483.45(b)(1) Provide aspects of the provisithe facility. §483.45(b)(2) Establication and disposition and disposition and sufficient detail to entereonciliation; and §483.45(b)(3) Determorder and that an actis maintained and performed and the provision and sufficient detail to entereonciliation; and the provision and sufficient detail to entereonciliation; and sufficient detail to entere	dervices vide routine and emergency sto its residents, or obtain ment described in lity may permit unlicensed ter drugs if State law der the general supervision of es. A facility must provide ces (including procedures rate acquiring, receiving, inistering of all drugs and the needs of each resident. Consultation. The facility in the services of a licensed es consultation on all ion of pharmacy services in ishes a system of records of on of all controlled drugs in able an accurate nines that drug records are in count of all controlled drugs riodically reconciled. T is not met as evidenced atterview, staff interview, iew and clinical record	F 7	F755 Resident #313 is currently remedications as per MD order notified of missed medication orders.	s. MD was			

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION A. BUILDING			(X3) DATE SURVEY COMPLETED	
		495105	B. WING			R-C 03/30/2022	
	ROVIDER OR SUPPLIER	ITATION CENTER		56	TREET ADDRESS, CITY, STATE, ZIP CODE 615 SEMINOLE AVENUE YNCHBURG, VA 24502		20.2022
(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 BE CROSS-REFERENCED TO THE APPROPRIA DEFICIENCY)		(X5) COMPLETION DATE
F 755	doses of prescribed in facility's failure to obta pharmacy in a timely The findings include: Resident #313 was and diagnoses that includ (chronic obstructive pand chronic respirator hypertension, benign pneumonia, anxiety, rof bladder and COVII (MDS) dated 2/11/22 cognitively intact. Resident #313's clinic physician's order date fluticasone-salmetero activated 250-50 micr instructions for one in a day for treatment of documented a physic ipratropium-albuterol milligrams/3 milliliters puff inhaled by mouth shortness of breath. Resident #313's med (MAR) documented the administered schedul fluticasone-salmetero on 3/27/22 at 9:00 a.r. not administered schedipratropium-albuterol at 8:00 a.m. and 2:00	medications due to the ain the drugs from the manner. dmitted to the facility with ded emphysema, COPD pulmonary disease), acute ry failure with hypoxia, prostatic hyperplasia, neuromuscular dysfunction D-19. The minimum data set assessed Resident #313 as a deal 11/27/20 for pol aerosol powder breath rograms/dose with a dialation by mouth two times of COPD. The clinical record dian's order dated 2/17/22 for solution 0.5-2.5 (3) as with instructions for one on three times per day for diaerosol 250-50 mcg/dose m. and 6:00 p.m., and was	F	755	Current residents in the center have the potential to be affected. Licensed nurses, including outside age nurses, will be educated by the DON/designee on following physician orders, the process for obtaining medications not available including notification to the provider for possible alternate treatment and activation of the back up Pharmacy. Education will includocumentation in the medical record of notification to the physician, In addition when medications are unavailable for administration, the DON/Administrator must be notified at time medications are unavailable. Any new agency nurses to the center and/or new nurse hires after the date of compliance will be educated on the above processes prior to working their first scheduled shift. The DON/designee will monitor the documentation for missed medications report from PCC and progress notes review daily for default notes from the EMAR to ensure medications are available and administrated as per physician orders. Results of the monitor will be presented to the QAPI Committee for review and discussion, one the committee determinated the problem no longer exits the monitor will be conducted on a random basis. Date of compliance: 04/26/2022	ncy le lude li, e con li g	

	EMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA (X2) MULTIPLE CONSTRUCTION IDENTIFICATION NUMBER: A. BUILDING			(3) DATE SURVEY COMPLETED		
		495105	B. WING			R-C 03/30/2022
NAME OF PROVIDER OR SUPPLIER LYNCHBURG HEALTH & REHABILITATION CENTER				STREET ADDRESS, CITY, STATE, ZIP CODE 5615 SEMINOLE AVENUE LYNCHBURG, VA 24502	I_	03/30/2022
(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 CORRE (EACH CORRECTIVE ACTION SH CROSS-REFERENCED TO THE APP DEFICIENCY)	OULD BE	(X5) COMPLETION DATE
F 755	Nursing notes dated a.m., 3:11 p.m. and 6 concerning the medicadministered, "awaiti was no documentatic acquire the medicatic of the back-up pharm supervision and/or the doses. On 3/29/22 at 4:08 p interviewed about the medications. Reside two of his breathing r (3/27/22). Resident working informed him not in the cart. Resic know if the medicatic time or if the pharma On 3/29/22 at 4:40 p (DON) was interview unavailable medicatic stated she talked with insurance coverage or re-ordering of the flut ipratropium-albuterol ran out with the last of 3/26/22. The DON's get to the facility on 3 resident missed two the medicines. The I did not deliver on Surial or medical states and the administrato consultant (administrato consultant (administrato consultant #313's missed ent #313'	3/27/22 at 10:44 a.m., 10:51 at 24 p.m. documented cation doses not any from pharmacy." There on about any attempts to cons from the pharmacy, use accy or notification to be provider about the missed at 313 was at recently missed and the medications were at that the medications were at that the medications were and the missed about Resident #313's conson 3/27/22. The DON and the pharmacy and the would not allow early icasone-salmeterol and and the medications did not allow salver the missed and the medications did not allow salver the missed and the medications did not allow salver the missed and the missed and the medications did not allow salver the missed and the scheduled doses of each of DON stated the pharmacy and until the evening.	F 75	55		

		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	` ′	(X2) MULTIPLE CONSTRUCTION A. BUILDING			(X3) DATE SURVEY COMPLETED		
		495105	B. WING			R-C 03/30/2022			
NAME OF PROVIDER OR SUPPLIER LYNCHBURG HEALTH & REHABILITATION CENTER				STREET ADDRESS, CITY, STATE, ZIP C 5615 SEMINOLE AVENUE LYNCHBURG, VA 24502	ODE	, 00.	V		
(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 (EACH CORRECTIVE ACT CROSS-REFERENCED TO T DEFICIENCE	TION SHOULD BITHE APPROPRIA		(X5) COMPLETION DATE		
F 755	ipratropium-albuterol monitoring reports so were not previously a not given as ordered stated she interviewed medications on 3/27/nurse said she looke carts and was unable medicines for the results and was unable medicines for the results and have notified alternate treatment for The DON stated there services available in back-up pharmacy dimmediate delivery on the facility's policy till Requirements (revises "Regular and reliable available to provide related equipment are pharmacy agrees to the following pharmaroutine and timely phecontracted, as well as service 24 hours per weekMedications were administrator, directors of the service of the enkit/back-up medication.	casone-salmeterol and did not show on their of the administrative staff aware the medicines were. The corporate consultant and the nurse administering 22 to Resident #313 and the din the other medication at to locate the scheduled ident. The DON stated the otified the pharmacy that she licines to administer, should a fine the provider about a possible for the unavailable medicines. We were no 24-hour pharmacy the immediate area and their do not always provide and their do not always provide and their do not always provide and suppliesThe provider perform all of, but not only, ceutical service as a semergency pharmacy day, seven days per will be delivered by the back-up pharmacy or are mergency medication on supply"	F	755					

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:		l l	PLE CONSTRUCTION G	(X3	(X3) DATE SURVEY COMPLETED		
		495105	B. WING			R-C	
NAME OF P	ROVIDER OR SUPPLIER	433103		STREET ADDRESS, CITY, STATE, ZIP CODE		03/30/2022	
				5615 SEMINOLE AVENUE			
LYNCHBU	RG HEALTH & REHABIL	ITATION CENTER		LYNCHBURG, VA 24502			
(X4) ID		ATEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL	ID PREFIX	PROVIDER'S PLAN OF CORI (EACH CORRECTIVE ACTION S		(X5) COMPLETION	
PREFIX TAG		SC IDENTIFYING INFORMATION)	TAG	CROSS-REFERENCED TO THE A DEFICIENCY)			
F 755	Continued From page	÷ 8	F 7	55			
	at 8:15 a.m.						