

DEPARTMENT OF HEALTH AND HUMAN SERVICES
CENTERS FOR MEDICARE & MEDICAID SERVICES

PRINTED: 05/04/2022
FORM APPROVED
OMB NO. 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 495274	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____		(X3) DATE SURVEY COMPLETED 01/27/2022
NAME OF PROVIDER OR SUPPLIER VIRGINIA VETERANS CARE CENTER			STREET ADDRESS, CITY, STATE, ZIP CODE 4550 SHENANDOAH AVE N W ROANOKE, VA 24017		
(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 01/25/22 through 01/27/22. The facility was in substantial compliance with 42 CFR Part 483.73, Requirement for Long-Term Care Facilities. No complaints were investigated during the survey.	E 000			
F 000	INITIAL COMMENTS An unannounced Medicare/Medicaid survey was conducted 01/25/2022 through 01/27/2022. Corrections were required for compliance with 42 CFR Part 483 Federal Long Term Care requirements. The Life Safety Code survey/report will follow. The census in this 196 certified bed facility was 154 at the time of the survey. The survey sample consisted of 31 current resident reviews and 2 (two) closed record reviews. Facility staff reported 16 residents were positive for COVID-19.	F 000			
F 684 SS=D	Quality of Care CFR(s): 483.25 § 483.25 Quality of care Quality of care is a fundamental principle that applies to all treatment and care provided to facility residents. Based on the comprehensive assessment of a resident, the facility must ensure that residents receive treatment and care in accordance with professional standards of practice, the comprehensive person-centered care plan, and the residents' choices.	F 684		2/22/22	

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE

TITLE

(X6) DATE

Electronically Signed

02/08/2022

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.

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F 684	<p>Continued From page 1</p> <p>This REQUIREMENT is not met as evidenced by:</p> <p>Based on staff interview, clinical record review, and during a medication pass and pour observation, the facility staff failed to administer the physician ordered vitamin Certavite senior for 1 of 33 residents, Resident #44.</p> <p>The findings included:</p> <p>For Resident #44, the facility staff failed to administer the physician ordered vitamin Certavite senior per the physicians order.</p> <p>Resident #44's clinical record included the diagnosis Alzheimer's disease, dysphagia, benign prostatic hyperplasia, and cognitive communication deficit.</p> <p>Resident #44's annual MDS (minimum data set) assessment with an ARD (assessment reference date) of 11/17/21 included a BIMS (brief interview for mental status) summary score of 3 of 15.</p> <p>01/26/22 7:43 a.m., the surveyor observed LPN (licensed practical nurse) #1 prepare and administer Resident #44's morning medications.</p> <p>After this observation, the surveyor reconciled Resident #44's medications using the clinical record. Resident #44's clinical record included an order for Certavite senior/antioxidant tablet (multiple vitamin with minerals) give 1 tablet by mouth one time a day for supplement with an order date of 12/11/2020. Per the medication administration record, this medication was to be administered at 9:00 a.m. daily.</p> <p>The surveyor did not observe this medication</p>	F 684	<p>1. Resident #4 was not adversely affected by failure to receive vitamin Certavite senior as ordered. The vitamin was administered to resident but not in a timely fashion.</p> <p>2. All residents have the potential to be affected by not receiving scheduled medications as ordered.</p> <p>3. The DON or designee will ensure that all licensed nurses are educated on the proper procedure for a medication pass, including verifying that all medications are administered as ordered. The DON or designee will verify that medication pass observations are done with licensed nurses, followed by repeat medication observations of various nurses 3 times a week for 4 weeks, then 2 times a week for 4 weeks, then weekly for 4 weeks and as needed.</p> <p>4. The DON will present all data collected to the QAPI committee during quarterly meetings for review and recommendations.</p> <p>5. Date to be completed 2/22/22</p>		

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F 684	<p>Continued From page 2 being prepared or administered.</p> <p>01/26/22 8:04 a.m., LPN #1 stated the Certavite was house stock and they had forgotten to administer it. LPN #1 pulled the bottle of Certavite from the medication drawer, placed it into a clear medication cup, and stated they would administer it to Resident #44.</p> <p>01/26/22 4:00 p.m., the administrator, DON (director of nursing), assistant administrator, and ADON (assistant director of nursing) were made aware of the issue regarding Resident #44's Certavite.</p> <p>No further information regarding this issue was provided to the survey team prior to the exit conference.</p>	F 684			