PRINTED: 07/01/2022 FORM APPROVED OMB NO. 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION A. BUILDING			(X3) DATE SURVEY COMPLETED	
	495226 B. WNG			C 06/23/2022			
	ROVIDER OR SUPPLIER  NURSING AND REHAE	ILITATION CENTER		730	REET ADDRESS, CITY, STATE, ZIP CODE  LUNENBURG HIGHW  SYSVILLE, VA 23947	1 00/	23/2022
(X4) ID PREFIX TAG	(EACH DEFICIENC	ATEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL LSC IDENTIFYING INFORMATION)	ID PREFII TAG	×	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD B CROSS-REFERENCED TO THE APPROPRIA DEFICIENCY)		(X5) COMPLETION DATE
F 000 F 557 SS=D	survey was conducted June 23, 2022. Two of during the survey, VA with deficiency) and with deficiency). Cor compliance with the federal Long Term Coronal Lo	adicare/Medicaid abbreviated d June 22, 2022 through complaints were investigated to the complaints was a complainted for collowing 42 CFR Part 483 are requirements.  The bed certified facility was 50 yey. The survey sample to the complaints was and one with the complaints of the complaints with the c		5557	Wayland Nursing and Rehabilitation center acknowledges receipt of the Statement of Deficiencies and proposes this Plan of Coto to the extent that the summary of findings factually correct and in order to maintain compliance with the applicable rules and provisions of quality of care of residents. Plan of Correction is submitted as a writter allegation of compliance. Wayland Nursing and Rehabilitation Center response to this Statement of Deficiencies not denote agreement with the Statement Deficiencies nor does it constitute an admittation and Rehabilitation Center reserves the rigrefute any of the deficiencies on this State Deficiencies through Informal Dispute Reformal appeal procedure and/or any other administrative or legal proceeding.  On 6/23/22, the Director of Nursing(DON assessed Resident #2 for incontinence to ensure resident had been provided inconcare timely. There were no concerns identified on 6/23/22, the Director of Nursing(DON assessed resident #6 for incontinence to tresident has been provided incontinent of timely. There were no concerns identified on 6/23/22, the Director of Nursing(DON completed an audit of all incontinent resident #2 and resident #6. This include resident #2 and resident #6. This	This er's s does of sission Nursing that to ement of solution, on tinent ntified.	7/22/2022
	facility document revi complaint investigation the facility staff failed	iew, clinical record review, ew and in the course of a on, it was determined that to uphold the dignity of two le survey sample, Residents	A COLUMN TO THE REAL PROPERTY OF THE PROPERTY	m orgányezet i jájel kilmandann pilay-hyani. In syydd o llandanna pilann ar en	was to ensure all residents were provide incontinent care timely. The Assistant Di Nursing(ADON) addresses all concerns identified during the audit to include provincontinent care when indicated and edu of staff.	ed rector of viding	
and the second s	The findings include:	,					Communication of the communica
I ABORAPORY		led to uphold the resident's  SUPPLIER REPRESENTATIVE'S SIGNATUR	) F	1	A 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.

		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:		IPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED		
			700,251			l c	
		495226	B. WING			06/23/2022	
	ROVIDER OR SUPPLIER  NURSING AND REHA	BILITATION CENTER		STREET ADDRESS, CITY, STATE, ZIP CODE 730 LUNENBURG HIGHW KEYSVILLE, VA 23947			
(X4) ID PREFIX TAG				PROVIDER'S PLAN OF CORRECT ( (EACH CORRECTIVE ACTION SHOUL CROSS-REFERENCED TO THE APPRO DEFICIENCY)	D BE	(X5) COMPLETION DATE	
F 557	dignity by not provice the day shift on 6/4/  (R6) was admitted to that included but we disease (1) and interview of the care of the vidence that (R6) was coded as in members for physical A review of (R6's) A sheets dated 05/26/ revealed that (R6) wincontinence care of Further review of the evidence that (R6) wincontinence care of the vidence that (R6) revealed that (R6) wincontinence care of the vidence that (R6) revealed that (R6) wincontinence care of the vidence that (R6) revealed that (R6) reveale	ling incontinence care during 2022 for Resident # 6 (R6).  to the facility with diagnoses are not limited to: Parkinson's electual disabilities (2),  MDS (minimum data set), a not with an ARD (assessment 4/19/2022, the resident are the BIMS (brief interview for exting the resident was for cognition for making daily ection G "Functional Status" totally dependent of two staff all assistance for toilet use.  DL (activities of daily living) 2022 through 06/08/2022 are toileted/received in 06/04/2022 at 5:28 a.m. and acted with RN (registered are. When asked how often in CNA (certified nursing)	F	On 6/23/22, the Social Worker compl questionnaires with all alert and orien residents regarding incontinent care/t questionnaire is to identify any conce to timely incontinent care/or toileting. The Assistant Director of Nursing(AD address all concerns identified during include providing incontinent care/toil assistance when indicated and educated on 6/23/22, Director of Nursing(DON in-service with all nurses and nursing to include agency staff regarding Dig Respect with emphasis on providing care/toileting assistance timely. In-secompleted by 6/30/22. After 6/30/22, nursing assistant who has not compleservice will complete prior to next schift. All newly hired nurses and nurs assistants will be in-serviced during oregarding Dignity and Respect.  The Treatment Nurse, Assistant Director (MDS) will complete 10 reside audits to include all shifts and weeke 4 weeks then monthly x 1 month utiliz Resident Care Audit. The Treatment Assistant Director of Nursing, and MI address all concerns identified during include providing incontinent care/toil assistance when indicated to maintaid dignity and re-training of staff. The Di Nursing will review the Resident Care weekly x 4 weeks then monthly x1 mensure all concerns were addressed.  The Director of Nursing will present if Resident Care Audit to the Executive Assurance Performance Improvemer committee meeting for 2 months. The QAPI Committee will meet monthly for and review the Resident Care Audit to the Executive and/or issues that may need interventions put into place and to de need for further frequency of monitor	ed bileting, The ns related ssistance. DN) will the audit to sting ion of staff. Initiated an assistants ity and assistants ity and assistants ity and acontinent vice will be any nurse or ted the inseduled working ientation tor of ta Set t care ds weekly x ing the audit to sting a resident ector of Audits and to sting a resident ector of Audits and the Quality (QAPI) Executive 2 2 months a determine the rther ermine the		

STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA AND PLAN OF CORRECTION IDENTIFICATION NUMBER:		1	(X2) MULTIPLE CONSTRUCTION A. BUILDING			(X3) DATE SURVEY COMPLETED	
		495226	B. WING	B. WING		C <b>06/23/2022</b>	
	ROVIDER OR SUPPLIER  NURSING AND REHAB	ILITATION CENTER		730	REET ADDRESS, CITY, STATE, ZIP CODE ) LUNENBURG HIGHW EYSVILLE, VA 23947	1 00	23/2022
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)		ID PREF TAG		PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BI CROSS-REFERENCED TO THE APPROPRIA DEFICIENCY)		(X5) COMPLETION DATE
F 557	that they did not proviso they could provide # 2 stated that they did On 06/22/2022 at 12:2 conducted with CNA # describe the procedur a resident who is total CNA # 1 stated that the checked and /or chaninformed that (R6) did care during the 7-3 shwas a concern for digit that they knew (R6) at someone when they at On 06/22/22 at 3:56 p conducted ASM (adm. 2, director of nursing (R6) not receiving inco. 7-3 shift on 06/04/202 not aware of (R6) not When asked if it was of timely incontinence care for a dependent for toileting resident should be cheevery two hours.	3:00 p.m. to 11:00 p.m.), de incontinence care to (R6) the incontinence care. RN d the best they could.  25 p.m., an interview was # 1. When asked to re for incontinence care for lly dependent for toileting re resident should be ged every two hours. When not receive incontinence realift CNA # 1 stated that it reality. CNA # 1 further stated and they were not able to tell re soiled.  .m., an interview was inistrative staff member) # DON). When informed of continence care during the 2 ASM # 2 stated they were receiving incontinence care. dignified not to provide re ASM # 2 stated no. be the procedure for a resident who is totally y CNA # 1 stated that the recked and /or changed  at entitled "Federal Bill of cility residents Residing in reality in Medicaid"	F	557			
	reasonably accommod	ndings and the services you					

		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION A. BUILDING		(X3) DATE SURVEY COMPLETED	
				**************************************	С	
		495226	B. WING		06/23/2022	
	PROVIDER OR SUPPLIER  D NURSING AND REHAL	BILITATION CENTER		STREET ADDRESS, CITY, STATE, ZIP CODE 730 LUNENBURG HIGHW KEYSVILLE, VA 23947		
(X4) ID PREFIX TAG	(EACH DEFICIENC	STATEMENT OF DEFICIENCIES CY MUST BE PRECEDED BY FULL R LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECT (EACH CORRECTIVE ACTION SHOU CROSS-REFERENCED TO THE APPRO DEFICIENCY)	ILD BE COMPLETION	
F 557	in danger."  On 06/23/2022 at ap # 1, administrator an regional director of c traveling MDS coord the findings.  No further informatio  Complaint deficiency  Reference: (1) A type of moveme information was obta https://www.nlm.nih.gsease.html.  (2) Refers to a group by a limited mental cadaptive behaviors s schedules and routin Intellectual disability 18 and may result from the properties of the propertie	the other residents, would be opproximately 1:30 p.m., ASM and ASM # 2, ASM # 3, clinical services and LPN # 5 dinator, were made aware of on was provided prior to exit.	F 55			
	responsiveness. This from the website: https://www.report.nil ctSheet.aspx?csid=1 2. The facility staff fai dignity by not providing the day shift on 6/4/2.  On the most recent Massessment, a quarter assessment reference	to of stimulation and adult is information was obtained th.gov/NIHfactsheets/ViewFa 100 siled to uphold the resident's ng incontinence care during 2022 for Resident #2 (R2).  MDS (minimum data set) erly assessment, with an act and a continence of the set of 4/13/2022, the as having both short and long				

	OF DEFICIENCIES F CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	1	TIPLE CONSTRUCTION NG	(X3) DATE SURVEY COMPLETED		
		495226	B. WING	B. WING		C 06/23/2022	
	ROVIDER OR SUPPLIER  NURSING AND REHAB	ILITATION CENTER		STREET ADDRESS, CITY, STATE, ZIP CODE 730 LUNENBURG HIGHW KEYSVILLE, VA 23947		00/23/2022	
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)		ID PREFI TAG	PREFIX (EACH CORRECTIVE ACTION SHOULD BE		(X5) COMPLETION DATE	
F 557	impaired for making of Section G - Functional being totally depended members for their toil Bladder and Bowel, Falways incontinent of The comprehensive of documented in part, "(incontinent) of bowel "Interventions" documincontinent episodes. containment program brief." The care plan of documented in part, "Living/Personal Care. documented in part, "Uses incontinent program brief." The Care plan of documented in part, "Uses incontinent program brief." The Care plan of documented in part, "Uses incontinent program brief." The Point of Care Toil 6/3/2022 at 10:59 p.m. was coded as having dependent on one stad "Legend Report" documentation was documentation was documentation was documented in part, "Care Toil 6/3/2022 at 10:59 p.m. The reside upon one staff member an interview was concurse) #2, on 6/22/202 asked if she worked of (certified nursing assis she was the only one nurses were busy doing the state of the care of	res and being severely regnitive daily decisions. In all Status, R1 was coded as int of two or more staff eting needs. In Section H - 11 was coded as being both bowel and bladder.  Focus: (R2) is always incont and bladder. The mented, "Pericare after each Protection and protection and protection and protection and protection and protection and protections. The "Interventions" NO TOILETING required. Protection and protection and protection and protections. Incontinent of bladder.  The "Interventions" NO TOILETING required. Protection and protection and protection and protection and protections. Incontinent of bladder.  The "Interventions" NO TOILETING required. Protection and protection and protection and protection and protection and protections. Incontinent of bladder.  The "Interventions" NO TOILETING required. Protection and protec	F	557			

	OF DEFICIENCIES F CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:		TIPLE CONSTRUCTION ING		(X3) DATE SURVEY COMPLETED	
		495226	B WING	B. WNG		С	
	ROVIDER OR SUPPLIER  D NURSING AND REHAB		B. WING	STREET ADDRESS, CITY, STATE, ZIP CO 730 LUNENBURG HIGHW KEYSVILLE, VA 23947	ODE	06/	23/2022
(X4) ID PREFIX TAG			(EACH DEFICIENCY MUST BE PRECEDED BY FULL PREFIX (EACH CORRECTIVE ACTION SHOULD PREFIX		ON SHOULD BI HE APPROPRIA		(X5) COMPLETION DATE
F 557	stated, no. RN #2 state were not attended to. best she could. She sand A hall but only go asked if she changed not get to that room. Flicensed practical nurs. An interview was cond 6/22/2022 at 11:35 a.i worked on 6/4/2022, I asked what she did th [passed medications, residents to the bathrow When asked if she did other residents, LPN what she could get to residents were left unit [RN#2] was working a with the residents. Whincontinence care on I not, she thought that [An interview was cond 6/22/2022 at 12:26 p.r negative outcome is ochanged for a shift, Cl (skin) is your number of is dignity to have them waste. CNA #1 stated concerns for her. Whe an entire shift without dignity issue, CNA #1 first as (R2) is unable	and bed and dressed, RN #2 ted there were resident that RN #2 stated she did the stated she did the B hall, t up to room 118. When R2, RN #2 stated she did RN #2 stated unless [LPN - se #2] did them.  diucted with LPN #2 on m. When asked if she LPN #2 stated yes. When at day, LPN #2 stated she answered call lights, took bom and giving bed pans. I incontinence care on any #2 stated, she did some When asked if any attended to, LPN #2 stated, s a CNA and was working ten asked if she did R2, LPN #2 stated she did RR, LPN #2 stated she did RN#2] did.  diucted with CNA #1 on m. When asked what the f a resident not being NA #1 stated, breakdown one concern. Second one in (the residents) sit in their these were the two biggest in asked if R2 was left for being changed, is that a stated, "Yes, but neglect is to care for themselves and rocess they can't let you to be changed."	F	557			

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA (X2) MULTIPLE CONSTRUCT IDENTIFICATION NUMBER: A. BUILDING			(X3) DATE SURVEY COMPLETED	
		495226	B. WNG		С	
	ROVIDER OR SUPPLIER  NURSING AND REHAB			STREET ADDRESS, CITY, STATE, ZIP CODE 730 LUNENBURG HIGHW KEYSVILLE, VA 23947	06/23/2022	
(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 B CROSS-REFERENCED TO THE APPROPRI DEFICIENCY)	E COMPLETION DATE	
F 557	p.m. When asked if R changed would that b stated, yes. When asi stated, "Yes, there is he wasn't touched for An interview was condicated and interview was determined that one shift. When asked ASM #2 stated yes. A would that make her finder own waste for eight atted it wouldn't make asked if a resident was violation of the resided "Yes, as they are here When asked the negation of the stated and being changes in dignity, skin wounds, and skin rashed ASM #1, the administration facility consultant, and corporate director, we above concerns on 6/51:30 p.m.	ursing, on 6/22/2022 at 1:33 2 was left for a shift and not e a dignity issue, RN #1 ked if that is neglect, RN #1 no way to get around that if a shift."  ducted with ASM nember) #2, the director of e at 3:59 p.m. On 6/34/2022 t R2 was not changed for d if that is a dignity issue, SM #2 was asked how eel if she was left sitting in ight hour shift, ASM #2 e me feel well at all. When s not receiving care if that a nt's dignity, ASM #2 stated, e for us to take care of." tive outcome for a resident eight hours, ASM #2 stated, appetite due to smelling of s."	F 557			
F 580 SS=D	CFR(s): 483.10(g)(14) §483.10(g)(14) Notific		F 580	On 6/23, the Assistant Director Of Nursing(/assesses Resident #1 to include obtaining a stick blood sugar (FSBS) to ensure resident exhibit signs/symptoms of hyperglycemia. T physician was notified of resident assessmeno new orders provided.	Finger did not he	

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION  (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  (X2) MULTIPLE CONSTRUCTION A. BUILDING C.		
495226   R WING	C 06/23/2022	
NAME OF PROVIDER OR SUPPLIER  STREET ADDRESS, CITY, STATE, ZIP CODE	0,2022	
730 LINENDURG MICHINA		
WAYLAND NURSING AND REHABILITATION CENTER  730 LUNENBURG HIGHW		
KEYSVILLE, VA 23947		
(X4) ID SUMMARY STATEMENT OF DEFICIENCIES ID PROVIDER'S PLAN OF CORRECTION PREFIX (EACH DEFICIENCY MUST BE PRECEDED BY FULL PREFIX (EACH CORRECTIVE ACTION SHOULD BE TAG CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETION DATE	
Continued From page 7 consult with the resident's physician; and notify, consistent with his or her authority, the resident representative(s) when there is- (A) An accident involving the resident which results in injury and has the potential for requiring physician intervention; (B) A significant change in the resident's physical, mental, or psychosocial status (that is, a deterioration in health, mental, or psychosocial status in either life-threatening conditions or clinical complications); (C) A need to alter freatment significantly (that is, a need to discontinue an existing form of treatment due to adverse consequences, or to commence a new form of treatment of the consequences, or to commence a new form of treatment of the resident from the facility as specified in §483.15(c)(1)(ii). (ii) When making notification under paragraph (g) (14)(i) of this section, the facility must ensure that all pertinent information specified in §483.15(c)(2) is available and provided upon request to the physician. (iii) The facility must also promptly notify the resident and the resident representative, if any, when there is. (A) A change in room or roommate assignment as specified in §483.10(e)(6): or (B) A change in resident rights under Federal or State law or regulations as specified in paragraph (e)(10) of this section. (iv) The facility must record and periodically update the address (mailing and email) and phone number of the resident representative(s).  S483.10(g)(15) Admission to a composite distinct part. A facility to the resident representative (s).		

		I DECITE OF COLUMN	<del></del>			OMP MC	0. 0938-0391	
	STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION  (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:		1	(X2) MULTIPLE CONSTRUCTION A. BUILDING			(X3) DATE SURVEY COMPLETED	
		495226	B. WING	B. WING		C 06/23/2022		
NAME OF P	ROVIDER OR SUPPLIER	<u> </u>		s	TREET ADDRESS, CITY, STATE, ZIP CODE	1 00/	23/2022	
WAYLAND	NURSING AND REHAB	ILITATION CENTER		7.	30 LUNENBURG HIGHW KEYSVILLE, VA 23947			
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)			IX i	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD B CROSS-REFERENCED TO THE APPROPRIA DEFICIENCY)		(X5) COMPLETION DATE	
F 580	§483.5) must disclose its physical configural locations that compris part, and must specify room changes between under §483.15(c)(9). This REQUIREMENT by:  Based on staff intervireview, clinical record a complaint investigate facility staff failed to not resident's blood sugal physician prescribed presidents in the survetable.  The findings include:  The facility staff failed when Resident #1's because over 400 eight times of 2022 and the physicial #1 (R1) has a diagnost when the survetable president scored a "12" interview for mental stresident is moderately making daily decisions Medications the resident in the physician order decoumented, "Novological The physician order decoumented the physician order d	stinct part (as defined in a in its admission agreement iton, including the various set the composite distinct by the policies that apply to en its different locations.  It is not met as evidenced sew, facility document review and in the course of iton, it was determined the otify the physician when a review and in the course of iton, it was determined the otify the physician when a review and in the course of iton, it was determined the otify the physician when a review and in the course of iton, it was determined the otify the physician when a review and in the course of iton, it was outside of the parameters for one of nine by sample, Resident #1 (R1).  It o notify the physician lood sugar was during May and June of iton was not notified. Resident it is of diabetes.  DS (minimum data set) rily assessment with an explain data of 3/13/2022, the form the BIMS (brief itatus) score, indicating the recognitively impaired for its. In Section N - it was coded as receiving the look-back period.	F	580	The Quality Improvement/Infection Prevent IP)(QI/IP)will audit all residents FSBS to incresident #1 five (5) times a week x 4 weeks monthly x 1 month utilizing the Weight and Summary Report. This audit is to ensure the physician was notified of all FSBS>/+ 400 v documentation in electronic record. The QI will address all concerns identified during the include assessment of the resident, notificate the physician for further recommendations training of staff. The DON will review the Witals Summary Report 5 times a week x 4 then monthly x 1 month to ensure all conceaddressed.  The Director of Nursing will present the find the Orders Listing Report and the Weight a Summary Report to the Executive Quality A Performance Improvement (QAPI) Commit monthly x 2 months. The Executive QAPI Cwill meet for 2 months and review the Orde and the Weight and Vital Summary Report determine trends and for issues that may n further interventions put into place and to d the need for further frequency of monitoring the provided that the provided that the recommendation is the need for further frequency of monitoring the need for further frequency of monitoring the provided that the provi	clude then Vitals e with VIP Nurse ne audit to and re- leight and weeks erns were lings of and Vitals Assurance tee Committee rs Listing to eed etermine		
	documented, "Novolog	ated, 8/13/2021, g Inj (injection) (used to U/ML (units per milliliter) -						

		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	1	(X2) MULTIPLE CONSTRUCTION  A. BUILDING			(X3) DATE SURVEY COMPLETED	
:		495226	B. WING			С		
	ROVIDER OR SUPPLIER  D NURSING AND REHAB			STREET ADDRESS, CITY, STATE, ZIP COD 730 LUNENBURG HIGHW KEYSVILLE, VA 23947	)E	06/	23/2022	
(X4) ID PREFIX TAG			ID PREFI TAG		N SHOULD BE APPROPRIA		(X5) COMPLETION DATE	
F 580	inject as per SS (slidi (subcutaneously) befi [blood sugar] 200 - 25 units; 301 - 350 = 8 u Discard 28 days after  The May 2022 MAR (record) documented to following dates and time and given documented to sive and sive a	ore meals and at bedtime: 50 = 4 units; 251 - 300 = 6 inits; 351 - 400 = 10 units. r opening."  (medication administration the above order. On the mes, the blood sugar is amount of insulin given or d: - BS (blood sugar) - 436 BS - 401 - no documented n BS - 450 - 10 units given n BS - 433 - 10 units given n BS - 433 - 10 units given documented the above ulin. On the following dates sugar is documented and given or not given - BS - 415 - 10 units given m BS - 509 - 10 units n BS - 489 - 10 units given motes failed to evidence be nurse contacted the ders for a blood sugar  are plan dated 9/28/2015 //2022, documented in part, litus: Potential for r/hypoglycemia; Resident is	F	580				

STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA AND PLAN OF CORRECTION IDENTIFICATION NUMBER:			(X2) MULTIPLE CONSTRUCTION A. BUILDING			(X3) DATE SURVEY COMPLETED	
		495226	B. WING	B. WING		С	
	ROVIDER OR SUPPLIER  NURSING AND REHA			730	EET ADDRESS, CITY, STATE, ZIP CODE  LUNENBURG HIGHW  /SVILLE, VA 23947	<u> 1 06</u>	/23/2022
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)		ID PREFI TAG	x	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD E CROSS-REFERENCED TO THE APPROPRI DEFICIENCY)		(X5) COMPLETION DATE
F 580	part, "FSBS (finger s by physician and/or Medication as ordered Medication as ordered An interview was considered and interview was considered for Novolog ins #2. When asked what resident's blood sugathe nurse should contheir orders. ASM #2 indication of what to contacts the doctor, ASM #2 stated it should be a stated of the blood sugar parameters. ASM #3 call her. When asked by the nurse's for the #3 stated not that should be the nurse's for the further stated if they documented, if it was say it wasn't done. If they (the nurses) need the policy of the fawhen a significant characteristic	ventions" documented in stick blood sugar) as ordered per facility protocol. ed by the physician."  Inducted with ASM member) #2, the director of the facility protocol at 3:59 p.m. The above sulin was reviewed with ASM at a nurse is to give when the facility at a nurse is to give when the facility at a nurse is to give when the facility at a nurse is to give when the facility at a nurse is to give when the facility at a nurse is to give when the facility at a nurse is to give when the facility at a nurse is to give when the facility at a nurse is to give when the facility at a nurse is no do. When asked if the nurse where is that documented, build be documented in the facility at a nurse should is outside of the above stated they are supposed to diffishe had been contacted a shove blood sugars, ASM are could recall. ASM #3 called it should have been son't documented, we always at the blood sugar is over 400 and to call me (ASM #3).  Ottification of Physician For a Condition" documented, "It cility to notify the physician lange in a resident's a documentation contained	F	580			

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION  (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:		(X2) MULTIPLE CONSTRUCTION A. BUILDING		(X3) DATE SURVEY COMPLETED			
		495226	B. WNG	B WING		С	
	PROVIDER OR SUPPLIER  D NURSING AND REHAB	<u> </u>		STREET ADDRESS, CITY, STATE, ZIP CODE 730 LUNENBURG HIGHW KEYSVILLE, VA 23947	<u>  06</u>	/23/2022	
(X4) ID PREFIX TAG	FIX (EACH DEFICIENCY MUST BE PRECEDED BY FULL			ID PROVIDER'S PLAN OF CORRECTION PREFIX (EACH CORRECTIVE ACTION SHOULD BE TAG CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)			
F 580	In Basic Nursing, Ess edition (Potter and Pewas a reference source notification. Failure to condition appropriatel information to the phy provider are causes oway to avoid being lia follow standards of cacare, and to communi providers. The physic is responsible for director of a patient.  ASM #1, the administ facility consultant, and corporate director, we above concerns on 6/1:30 p.m.  No further information Complaint deficiency.	ential for Practice, 6th erry, 2007, pages 56-59), ce for physician's orders and ormonitor the patient's y and communicate that sician or health care if negligent acts. The best ble for negligence is to tre, to give competent health cate with other health care it in or health care provider cting the medical treatment arator, ASM #2, ASM #4, the ASM #5, the clinical remade aware of the 23/2022 at approximately was obtained prior to exit.	F 5	80			
	tml.	v/druginfo/meds/a605013.h					
F 600 SS=D	CFR(s): 483.12(a)(1) §483.12 Freedom from Exploitation The resident has the ranglect, misappropriate	n Abuse, Neglect, and ight to be free from abuse, ion of resident property, fined in this subpart. This	F 6	6/23/22, the Director of Nursing(DOI resident #2 for signs and symptoms include but not limited to providing to incontinent care when indicated. The concerns identified.  6/23/22, the Director of Nursing(DOI resident #6 for signs and symptoms include but not limited to providing to incontinent care when indicated. The concerns identified.	of neglect to nely re were no ) assessed of neglect to nely	7/22/2022	

	OF DEFICIENCIES F CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	1		CONSTRUCTION	(X3) DATE	SURVEY PLETED
		40-000			Control of the Contro	! !	С
		495226	B. WNG			06/	23/2022
	PROVIDER OR SUPPLIER  D NURSING AND REHA	BILITATION CENTER		73	TREET ADDRESS, CITY, STATE, ZIP CODE 30 LUNENBURG HIGHW EYSVILLE, VA 23947		
(X4) ID PREFIX TAG	(EACH DEFICIEN	TATEMENT OF DEFICIENCIES CY MUST BE PRECEDED BY FULL R LSC IDENTIFYING INFORMATION)	ID PREFI) TAG	(	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BI CROSS-REFERENCED TO THE APPROPRIA DEFICIENCY)		(X5) COMPLETION DATE
F 600	corporal punishmen any physical or cher treat the resident's r §483.12(a) The facil §483.12(a)(1) Not us physical abuse, corp involuntary seclusion. This REQUIREMEN by: Based on staff interfacility document revice complaint investigation the facility staff failed residents in the survice Residents in the survice Residents # 6 (R6) at The findings include  1. For Resident # 6 (provide incontinence day shift.  (R6) was admitted to that included but we disease (1) and intel quarterly assessmen reference date) of 04 scored 3 (three) out interview for mental resident is severely in making daily decision "Functional Status" (	t, involuntary seclusion and mical restraint not required to medical symptoms.  ity must- se verbal, mental, sexual, or coral punishment, or n; T is not met as evidenced view, clinical record review, view and in the course of a on, it was determined that it to protect two of nine ey sample from neglect, and # 2 (R2).  (R6), the facility staff failed to e care on 6/4/2022 during the other facility with diagnoses re not limited to: Parkinson's lectual disabilities (2),  MDS (minimum data set), a at with an ARD (assessment 1/19/2022, the resident of 15 on the BIMS (brief status), indicating the mpaired of cognition for ns. Under Section G R6) was coded as totally aff members for physical	F	600	On 6/23/22, the Assistant Director of Nursin (ADON) and Quality Improvement/Infection Prevention (QI/IP) completed an audit of al residents not able to report for signs and symptoms of neglect to include but not limi providing timely incontinent care when indithere were no additional concerns identified during the audit.  On 6/23/22, the Social Worker completed resident questionnaires with all alert and or residents regarding neglect to include rece assistance with ADL care when indicated. Social Worker addressed all concerns ident during the audit to include but not limited to assessment of resident, notification of Dire Nursing, Administrator, and Physician.  On 6/23/22, Assistant Director of Nursing in an in-service with all nurses, nursing assistants, accounts payable, accounts receivable, social worker, activities staff, housekeeping staff, therapy staff, maintena staff, receptionists/screeners, administrator medical records regarding Abuse /Neglect with emphasis on forms of neglect to include failing to assist resident with all aspects of activities of daily living(ADLs). In-service w completed by 6/30/22. After 6/30/22, all nunursing assistants, accounts payable, accoreceivable, social worker, activities staff, housekeeping staff, therapy staff, maintena staff, receptionist/screeners, administrator medical records staff will be in-serviced on next scheduled worked shift. All newly hired will be educated during orientation regardinal resident #6 weekly x 4 weeks then mon 1 month. This audit is to identify any potent neglect to include all shifts and weekends, resident and resident #6 weekly x 4 weeks then mon 1 month. This audit is to identify any potent neglect to include assessment of the resident audit to include assessment of the resident audit to include assessment of the residentified d the audit to include assessment of the residentified of the audit to include assessment of the residentified the audit to include assessment of the residentified the audit to include assessment of the residentified t	ted to cated.  de diving The tiffied of ctor of cand Policy le	

	OF DEFICIENCIES F CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	1 ' '		CONSTRUCTION	(X3) DATE SURVEY COMPLETED		
		495226	B. WING			l	C <b>23/2022</b>	
WAYLANI	NURSING AND REHAB			7:	TREET ADDRESS, CITY, STATE, ZIP CODE 30 LUNENBURG HIGHW EYSVILLE, VA 23947		LOIZOZZ	
(X4) ID PREFIX TAG	(EACH DEFICIENC)	NTEMENT OF DEFICIENCIES  / MUST BE PRECEDED BY FULL  SC IDENTIFYING INFORMATION)	ID PREFI TAG		PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BI CROSS-REFERENCED TO THE APPROPRIA DEFICIENCY)	ULD BE COMPLETION		
F 600	sheets dated 05/26/20 revealed that (R6) wa incontinence care on Further review of the evidence that (R6) red during the 7 a.m3 p.1 On 06/22/2022 at appinterview was conduct nurse) # 2 wound nurse they had to perform C assistant) duties, RN a 06/04/2022 that it was filling in as a CNA and CNA working on the 7 there were residents with during that shift on 06/29. When asked if (F care during the 7-3 shift they did not get to pro (R6). RN # 2 further soncoming shift, 3-11 (Sthat they did not provide # 2 stated that they did CNA # describe the procedure a resident who is totall CNA # 1 stated that the checked and /or changinformed that (R6) did care during the 7-3 shift would be a neglect iss	L (activities of daily living) D22 through 06/08/2022 st tolleted/received D6/04/2022 at 5:28 a.m. ADL sheets failed to belived incontinence care m. shift.  Toximately 11:22 a.m., an even with RN (registered see. When asked how often NA (certified nursing to 2 stated that on the only day they were that they were the only -3 shift. When asked if who were not attended to (704/2022, RN # 2 stated R6) received incontinence iff RN # 2 stated no that wide incontinent care to tated that they informed the 3:00 p.m. to 11:00 p.m.), de incontinence care to (R6) the incontinence care to (R6) the best they could.  15 p.m., an interview was 11. When asked to 12 dependent for toileting to resident should be god every two hours. When not receive incontinence iff CNA # 1 stated that it use. CNA # 1 further stated and they were not able to tell	F	600	Administrator and physician and retraining of staff. The Director of Nursing will review the Resident Care Audits weekly x 4 weeks their monthly x 1 month to ensure all concerns waddressed.  The Social Worker will complete resident questionnaires with all alert and oriented residents regarding neglect to include receive assistance with ADL care when indicated with x 4 weeks then monthly x 1 month utilizing the Resident Questionairre-Neglect. The Social Worker will address all concerns identified the audit to include but not limited to assess of the resident, notification of Director of Nuradministrator and physician. The Administravill review the Resident Questionnaire -Negweekly x 4 weeks then monthly x 1 month.  The Director of Nursing will present the findiof the Resident Care Audits and the Reside Questionaire-Neglect to the Executive Quali Assurance Performance Improvement (QAF Committee will meet monthly for 2 months a review the Resident Care Audits and Reside Questionnaire- Neglect to determine trends or issues that may need further interventions into place and to determine the need for furt frequency of monitoring.	ring eekly he uring ment ristor, lect ond ent		

	NT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA (X2) MULTIPLE CONSTRUCTION (A. BUILDING			(X3) DATE SURVEY COMPLETED			
		495226	B. WNG				С
	ROVIDER OR SUPPLIER  NURSING AND REHAI			730	REET ADDRESS, CITY, STATE, ZIP CODE  0 LUNENBURG HIGHW  EYSVILLE, VA 23947	06	/23/2022
(X4) ID PREFIX TAG	(EACH DEFICIENT	TATEMENT OF DEFICIENCIES CY MUST BE PRECEDED BY FULL LSC IDENTIFYING INFORMATION)	ID PREF TAG	×	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BI CROSS-REFERENCED TO THE APPROPRIA DEFICIENCY)		(X5) COMPLETION DATE
F 600	conducted ASM (adr 2, director of nursing (R6) not receiving in 7-3 shift on 06/04/20 not aware of (R6) no When asked to descrincontinence care for dependent for toileting resident should be of every two hours. Wit facility staff to provide on 06/04/2022 during definition of neglect in Misappropriation of Edocumented in part, residents have the rigneglect, involuntary a misappropriation of phatever is in its conneglect, exploitation, or misappropriation of "Definitions and Exardocumented in part," failure to provide good to avoid physical ham illness." Under "Previpart, "The facility will resident's needs, as a monitor the provision services every shift."  On 06/23/2022 at app # 1, administrator and	p.m., an interview was ministrative staff member) # (DON). When informed of continence care during the 22 ASM # 2 stated they were to receiving incontinence care. The the procedure for a resident who is totally not generally continence care to reasonable of the encked and for changed nen asked if the failure of the encontinence care to (R6) of the 7-3 shift met the ASM # 2 stated yes.  Abuse, Neglect or Resident Property Policy "The facility believes that our got to be free from abuse, seclusion, exploitation, or property. The facility will do attrol to prevent mistreatment, and abuse of our residents of their property." Under mples from Regulations it "NEGLECT is defined as and services necessary m, mental anguish, or mental rention" it documented in deploy staff to meet the appropriate; The facility will of resident care and	F	600			
		nator, were made aware of	**************************************				

		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION A. BUILDING			(X3) DATE SURVEY COMPLETED	
		495226	B. WING			i	C <b>23/2022</b>
	ROVIDER OR SUPPLIER  NURSING AND REHAL	BILITATION CENTER		STREET ADDRESS, CITY, STATE, ZIP COD 730 LUNENBURG HIGHW KEYSVILLE, VA 23947	ÞΕ	1 00/	23/2022
(X4) ID PREFIX TAG	(EACH DEFICIENC	TATEMENT OF DEFICIENCIES BY MUST BE PRECEDED BY FULL LSC IDENTIFYING INFORMATION)	ID PREFI) TAG	PROVIDER'S PLAN OF CO ( (EACH CORRECTIVE ACTION CROSS-REFERENCED TO THE DEFICIENCY)	N SHOULD BE E APPROPRIA		(X5) COMPLETION DATE
F 600	Continued From pag	e 15	F6	500			
	No further informatio	n was provided prior to exit.					
	Complaint deficiency						
	https://www.nlm.nih.gsease.html.  (2) Refers to a group by a limited mental cadaptive behaviors schedules and routin Intellectual disability 18 and may result froautism or cerebral pacauses, such as lack responsiveness. Thi from the website: https://www.report.nictSheet.aspx?csid=1	ined from the website: gov/medlineplus/parkinsonsdi  of disorders characterized apacity and difficulty with uch as managing money, es, or social interactions. originates before the age of em physical causes, such as alsy, or from nonphysical of stimulation and adult is information was obtained in.gov/NIHfactsheets/ViewFa					
	2. For Resident #2 th provide incontinence day shift.	e facility staff failed to care on 6/4/2022 during the					
	assessment, a quarter assessment reference resident was coded at term memory difficult impaired for making of Section G - Functional being totally dependent members for their toil Bladder and Bowel, F	IDS (minimum data set) erly assessment, with an e date of 4/13/2022, the as having both short and long ies and being severely cognitive daily decisions. In al Status, R1 was coded as ent of two or more staff eting needs. In Section H - R1 was coded as being both bowel and bladder.					

STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA AND PLAN OF CORRECTION IDENTIFICATION NUMBER:			(X2) MULTIPLE CONSTRUCTION A. BUILDING			(X3) DATE SURVEY COMPLETED	
		495226	B. WING			,	С
NAME OF D	ROVIDER OR SUPPLIER	433226	D. WING			06/	23/2022
	NURSING AND REHAB	ILITATION CENTER		730 LUN	address, city, state, zip code Enburg Highw ILLE, VA 23947		
(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 CORRECTION (EACH CORRECTIVE ACTION SHOULD B CROSS-REFERENCED TO THE APPROPRIA DEFICIENCY)		(X5) COMPLETION DATE
F 600	Continued From page The comprehensive of documented in part, " (incontinent) of bowel "Interventions" documented in part incontinent episodes. containment program brief." The care plan of documented in part, "Living/Personal Care. documented in part, "Uses incontinent produced in continent of bowel."  The Point of Care Toil 6/3/2022 at 10:59 p.m was coded as having dependent on one state 4:54 a.m. it was documented in the care/activity did not documentation was defended in the care/activity did not documentation was defended upon one staff member asked if she worked of (certified nursing assis she was the only one nurses were busy doint treatments. When ask changed, gotten out of	care plan dated, 4/7/2015 Focus: (R2) is always incont and bladder." The nented, "Pericare after each Protection and apply underwear over dated, 11/19/2019 Activities of Daily "The "Interventions" NO TOILETING required. Incontinent of bladder.  Teting documentation dated and documented the resident been changed and was aff member. On 6/4/2022 at mented as "8.8" The aments an "8.8" indicates but occur. The next occumented on 6/4/2022 at each was totally dependent for for toileting needs.  The ducted with RN (registered 22 at 11:22 a.m. When in 6/4/2022 as a CNA stant), RN #2 stated that providing direct care, the		800		N E	DATE
	were not attended to. best she could. She s and A hall but only got asked if she changed	RN #2 stated she did the stated she did the B hall, tup to room 118. When R2, RN #2 stated she did RN #2 stated unless [LPN -					

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:		(X2) MULTIPLE CONSTRUCTION  A. BUILDING			(X3) DATE SURVEY COMPLETED		
		495226	B. WING				C
	ROVIDER OR SUPPLIER  NURSING AND REHAB	ILITATION CENTER		730	REET ADDRESS, CITY, STATE, ZIP CODE LUNENBURG HIGHW YSVILLE, VA 23947	<u> </u>	23/2022
(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 CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIA DEFICIENCY)		(X5) COMPLETION DATE
F 600	6/22/2022 at 11:35 a. worked on 6/4/2022, asked what she did the passed medications, aresidents to the bathrow When asked if she did other residents, LPN awhat she could get to residents were left un [RN#2] was working awith the residents. Whincontinence care on not, she thought that [An interview was concedized for a shift, C (skin) is your number is dignity to have them waste. CNA #1 stated concerns for her. When an entire shift without dignity issue, CNA #1 first as he is unable to his disease process hereds to be changed.  An interview was concessistant director of not p.m. When asked if a for an entire shift is near the shift is	ducted with LPN #2 on m. When asked if she LPN #2 stated yes. When hat day, LPN #2 stated she answered call lights, took foom and giving bed pans. If incontinence care on any #2 stated, she did some. When asked if any attended to, LPN #2 stated, as a CNA and was working then asked if she did R2, LPN #2 stated she did R2, LPN #2 stated she did R2, LPN #2 stated what the faresident not being NA #1 stated, breakdown one concern. Second one in (the residents) sit in their these were the two biggest en asked if R2 was left for being changed, is that a stated, "Yes, but neglect is care for himself and due to be can't let you know that he ducted with RN #1, the cursing, on 6/22/2022 at 1:33 resident not being changed eglect, RN #1 stated, "Yes, around that if he wasn't	F	600			

	OF DEFICIENCIES CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:		IPLE CONSTRUCTION IG	(X3) DATE SURVEY COMPLETED
		495226	B. WING _		C <b>06/23/2022</b>
	ROVIDER OR SUPPLIER  NURSING AND REHAB	ILITATION CENTER		STREET ADDRESS, CITY, STATE, ZIP CODE 730 LUNENBURG HIGHW KEYSVILLE, VA 23947	00/23/2022
(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 APPROPRIA' DEFICIENCY)	
F 607 SS=D	(administrative staff m nursing, on 6/22/2022 was determined that is shift. When asked the #2 stated it's the failur services, anything that is more psychosocial When asked if she ag terms of their care, AS should receive care at the eight hours then the ASM #1, the administ facility consultant, and corporate director, we above concerns on 6/ 1:30 p.m. No further information Complaint deficiency. Develop/Implement AI CFR(s): 483.12(b)(1)-	nember) #2, the director of 2 at 3:59 p.m. On 6/4/2022 it R2 was not changed for one e definition of neglect, ASM are to receive care or at causes them harm. Dignity but it can fall into both. If the can fall into both greed R2 was neglected in SM #2 stated the resident and if they didn't get care in that is neglect.  In ator, ASM #2, ASM #4, the can dash #5, the clinical are made aware of the 123/2022 at approximately in was obtained prior to exit.  In the can be discovered by the 123/2022 at approximately in was obtained prior to exit.	F 6		s timely
	§483.12(b)(1) Prohibit neglect, and exploitati misappropriation of re §483.12(b)(2) Establis to investigate any suc §483.12(b)(3) Include paragraph §483.95, This REQUIREMENT by:	t and procedures that:  t and prevent abuse, ion of residents and esident property, sh policies and procedures		concerns identified.  6/23/22, the Director of Nursing(DON) asses resident #6 for signs and symptoms of negle include but not limited to providing timely incontinent care when indicated. There were concerns identified.  On 6/23/22, the Assistant Director of Nursing (ADON) and Quality Improvement/Infection Prevention (QI/IP) completed an audit of all residents not able to report for signs and symptoms of neglect to include but not limite providing timely incontinent care when indicated the residents and additional concerns identified during the audit.	essed eno g

	OF DEFICIENCIES F CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE A. BUILDING	CONSTRUCTION	(X3) DATE SURVEY COMPLETED
			, 551251115	AND THE PROPERTY OF THE PROPER	С
		495226	B. WNG	The second secon	06/23/2022
	ROVIDER OR SUPPLIER  NURSING AND REH	ABILITATION CENTER	7:	TREET ADDRESS, CITY, STATE, ZIP CODE 30 LUNENBURG HIGHW (EYSVILLE, VA 23947	
(X4) ID PREFIX TAG	(EACH DEFICIE	STATEMENT OF DEFICIENCIES NCY MUST BE PRECEDED BY FULL OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD B CROSS-REFERENCED TO THE APPROPRI DEFICIENCY)	l .
F 607	complaint investigathe facility staff faile policy for two of nir sample, Residents  The findings includ  1. The facility staff regarding neglect to the staff failed to perfect the staff failed the staff	eview and in the course of a lation, it was determined that ed implement their neglect he residents in the survey # 6 (R6) and # 2 (R2).  e: failed to implement their policy to protect Resident # 6 (R6). Provide incontinence care on ed day shift.  to the facility with diagnoses here not limited to: Parkinson's hellectual disabilities (2),  the MDS (minimum data set), a hent with an ARD (assessment D4/19/2022, the resident to f 15 on the BIMS (brief I status), indicating the reminiment of cognition for hors. Under Section G (R6) was coded as totally traff members for physical truse.  ADL (activities of daily living) /2022 through 06/08/2022 was toileted/received for 06/04/2022 at 5:28 a.m. he ADL sheets failed to received incontinence care	F 607	On 6/23/22, the Social Worker completed resident questionnaires with all alert a oriented residents regarding neglect to receiving assistance with ADL care with indicated. The Social Worker address concerns identified during the audit to but not limited to assessment of residentification of Director of Nursing, Administrator, and Physician.  On 6/23/22, Assistant Director of Nursinitiated an in-service with all nurses, assistants, accounts payable, account receivable, social worker, activities staff housekeeping staff, therapy staff, maintenance staff, receptionists/scree administrator and medical records regation Abuse /Neglect Policy with emphasis of neglect to include failing to assist rewith all aspects of activities of daily living(ADLs). In-service will be comple 6/30/22. After 6/30/22 all nurses nursi assistants, accounts payable, account receivable, social worker, activities staff housekeeping staff, therapy staff, maintenance staff, receptionist/screer administrator and medical records statin-serviced on their next scheduled with shift. All newly hired staff will be educated uring orientation regarding Abuse/Net Policy.  On 6/23/22, the Facility Consultant in an in-service with the Administrator and Director of Nursing regarding Abuse/Net Policy.  On 6/23/22, the Facility Consultant in an in-service with the Administrator and Director of Nursing regarding Abuse/Net Policy.	o include nen ed all include ent, sing nursing s f, arding on forms esident sted by ng as seff, ers, eff will be orked ated eglect itiated nd the leglect irrector the policies at abuse, property abuse/

	OF DEFICIENCIES F CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:		LE CONSTRUCTION		(X3) DATE	SURVEY LETED
		495226	B. WING			1	
NAME OF P	ROVIDER OR SUPPLIER	100220		STREET ADDRESS, CITY	STATE, ZIP CODE	06/	23/2022
WAYLANI	O NURSING AND REHAI	BILITATION CENTER		730 LUNENBURG HIGH KEYSVILLE, VA 239			
(X4) ID PREFIX TAG	(EACH DEFICIENC	TATEMENT OF DEFICIENCIES CY MUST BE PRECEDED BY FULL LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	(EACH COF	ER'S PLAN OF CORRECTION RRECTIVE ACTION SHOULD BI RENCED TO THE APPROPRIA DEFICIENCY)		(X5) COMPLETION DATE
F 607	assistant) duties, RN 06/04/2022 that it wa filling in as a CNA ar CNA working on the there were residents during that shift on 0 yes. When asked if care during the 7-3 sthey did not get to pr (R6). RN # 2 further oncoming shift, 3-11 that they did not provise they could provide # 2 stated that they conducted with CNA describe the procedula resident who is total CNA # 1 stated that the checked and /or chain informed that (R6) dicare during the 7-3 swould be a neglect is that they knew (R6) a someone when they  On 06/22/22 at 3:56 conducted ASM (adn 2, director of nursing (R6) not receiving inc 7-3 shift on 06/04/20 not aware of (R6) not When asked to describe the ordered to dependent for toiletin resident should be checked and conducted ASM (adn 2, director of nursing (R6) not receiving inc 7-3 shift on 06/04/20 not aware of (R6) not when asked to describe the procedular for toileting resident should be checked and the conducted asked to describe the procedular for toileting resident should be checked and the procedular for toileting resident should be checked and the procedular for toileting resident should be checked and the procedular for toileting resident should be checked and the procedular for toileting resident should be checked and the procedular for toileting resident should be checked and the procedular for toileting resident should be checked and the procedular for toileting resident should be checked and the procedular for toileting resident should be checked and the procedular for toileting resident should be checked and the procedular for toileting resident should be checked and the procedular for toileting resident should be checked and the procedular for toileting resident should be checked and the procedular for toileting resident should be checked and the procedular for toileting resident should be checked and the procedular for toileting for the procedular for toileting for toileting for the procedular fo	a CNA (certified nursing # 2 stated that on as the only day they were ad that they were the only 7-3 shift. When asked if who were not attended to 6/04/2022, RN # 2 stated (R6) received incontinence hift RN # 2 stated no that ovide incontinent care to stated that they informed the (3:00 p.m. to 11:00 p.m.), vide incontinence care to (R6) at the incontinence care. RN and the best they could.  1:25 p.m., an interview was # 1. When asked to be a stated that they informed the reformation incontinence care for ally dependent for toileting the resident should be anged every two hours. When do not receive incontinence hift CNA # 1 stated that it issue. CNA # 1 further stated and they were not able to tell	F 60	all allegations misappropriati safety for all results and the Resident Care and weekends weekly x 4 were to include but ADLs and incomplete and the audit to include but ADLs and incomplete and the audit to incresident, notifically address all the audit to incresident, notifically all training staff.  The Director of Resident Care monthly x 1 minus were addressed. The Director of findings of the Resident Quest Executive Qualimprovement (months. The Emeet for 2 more issues that interventions per surface inter	t Nurse, Assistant Directive MDS will complete 1st Audits to include all shapes, resident #2 and reside eks then monthly x 1 more identify any potential resolution in the interest of the cation of the Director of the cation of the Director of inistrator, physician and f Nursing will review the Audits weekly x 4 week onth to ensure all concerns in the cation of the Director of the	ctor of 0 oifts ent #6 onth. neglect crovide Nurse ring e ks and erns e ks and erns e ks and e ance hly x 2 tee will s and/	

#### DEPARTMENT OF HEALTH AND HUMAN SERVICES

CENTERS FOR MEDICARE & MEDICAID SERVICES

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION  (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:		(X2) MULTIPLI A. BUILDING	E CONSTRUCTION	(X3) DATE SURVEY COMPLETED	
		495226	B. WING		C
	ROVIDER OR SUPPLIER  NURSING AND REHA	BILITATION CENTER	7	STREET ADDRESS, CITY, STATE, ZIP CODE  30 LUNENBURG HIGHW  (EYSVILLE, VA 23947	06/23/2022
(X4) ID PREFIX TAG	(EACH DEFICIEN	STATEMENT OF DEFICIENCIES ICY MUST BE PRECEDED BY FULL R LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTIO (EACH CORRECTIVE ACTION SHOULD CROSS-REFERENCED TO THE APPROPI DEFICIENCY)	BE COMPLETION
F 607	on 06/04/2022 during definition of neglect reviewing the facility neglect ASM # 2 was their policy to preve no.  The facility's policy, Misappropriation of documented in part, residents have their neglect, involuntary misappropriation pf whatever is in its coneglect, exploitation or misappropriation "Definitions and Exadocumented in part, failure to provide go to avoid physical haillness." Under "Prepart, "The facility will resident's needs, as monitor the provision services every shift.  On 06/23/2022 at application of the provision of the provision services of the provision o	de incontinence care to (R6) ag the 7-3 shift met the ASM # 2 stated yes. After as policy regarding abuse and as asked if they implemented ant neglect. ASM # 2 stated  "Abuse, Neglect or Resident Property Policy"  "The facility believes that our right to be free from abuse, seclusion, exploitation, or property. The facility will do antrol to prevent mistreatment, as, and abuse of our residents of their property." Under amples from Regulations" it  "NEGLECT is defined as ods and services necessary and remaining the services in the services in the appropriate; The facility will and of resident care and	F 607		
	the findings.  No further information  Complaint deficiency	on was provided prior to exit.			
	Reference: (1) A type of movem	ent disorder. This			

	OF DEFICIENCIES F CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MUL <sup>-</sup> A. BUILDI		CONSTRUCTION	(X3) DATE SURVEY COMPLETED	
		495226	B. WING				C
	ROVIDER OR SUPPLIER  NURSING AND REHAB	ILITATION CENTER		73	TREET ADDRESS, CITY, STATE, ZIP CODE O LUNENBURG HIGHW EYSVILLE, VA 23947	[ 06/	/23/2022
(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 CORRECTION (EACH CORRECTIVE ACTION SHOULD BI CROSS-REFERENCED TO THE APPROPRIA DEFICIENCY)		(X5) COMPLETION DATE
F 607	sease.html.  (2) Refers to a group by a limited mental ca adaptive behaviors suschedules and routine Intellectual disability of 18 and may result from autism or cerebral pal causes, such as lack responsiveness. This from the website: https://www.report.nih.ctSheet.aspx?csid=102. The facility staff fail policies for the preventage of 12 (R2). The staff failed care on 6/4/2022 during the most recent Massessment, a quarter	ned from the website: ov/medlineplus/parkinsonsdi  of disorders characterized pacity and difficulty with ich as managing money, es, or social interactions. originates before the age of imphysical causes, such as say, or from nonphysical of stimulation and adult information was obtained  .gov/NIHfactsheets/ViewFa 100 ed to implement their tion of neglect for Resident and to provide incontinence	F	607	DEFICIENCY)		
	resident was coded as term memory difficultie impaired for making or Section G - Functional being totally dependent members for their toiled Bladder and Bowel, Ralways incontinent of I The comprehensive or documented in part, "F (incontinent) of bowel "Interventions" documincontinent episodes.	s having both short and long es and being severely ognitive daily decisions. In I Status, R1 was coded as nt of two or more staff eting needs. In Section H - 1 was coded as being both bowel and bladder.  Tocus: (R2) is always incont and bladder." The ented, "Pericare after each					

	OF DEFICIENCIES F CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION A. BUILDING			(X3) DATE SURVEY COMPLETED	
		405226	D MANG			С	
NAME OF D	ROVIDER OR SUPPLIER	495226	B. WING			06/23/2022	
	NURSING AND REHA	ABILITATION CENTER		STREET ADDRESS, CITY, STATE, ZIP CODE 730 LUNENBURG HIGHW KEYSVILLE, VA 23947	E		
(X4) ID PREFIX TAG	(EACH DEFICIEN	STATEMENT OF DEFICIENCIES NCY MUST BE PRECEDED BY FULL R LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF COI (EACH CORRECTIVE ACTION CROSS-REFERENCED TO THE DEFICIENCY)	SHOULD BE		
F 607	documented in part Living/Personal Car documented in part Uses incontinent produced in part Uses incontinent of bowe The Point of Care T 6/3/2022 at 10:59 p was coded as havin dependent on one s 4:54 a.m. it was documentation was 10:59 p.m. The residupon one staff mem An interview was conurse) #2, on 6/22/2 asked if she worked (certified nursing as she was the only on nurses were busy distreatments. When a changed, gotten out stated, no. RN #2 st were not attended to best she could. She and A hall but only gasked if she change not get to that room. licensed practical nursines were documentation was confident of the control of th	in dated, 11/19/2019 in dated, 11/19/2019 in "Activities of Daily ie." The "Interventions" in "NO TOILETING required. Inducts. Incontinent of bladder. I."  doileting documentation dated im. documented the resident ig been changed and was staff member. On 6/4/2022 at cumented as "8.8" The cuments an "8.8" indicates not occur. The next documented on 6/4/2022 at dent was totally dependent inder for toileting needs.  Inducted with RN (registered 2022 at 11:22 a.m. When I on 6/4/2022 as a CNA sistant), RN #2 stated that is providing direct care, the oing medications and sked if she got everyone if of bed and dressed, RN #2 stated there were resident that is included in the stated she did the is stated she did the B hall, into up to room 118. When ind R2, RN #2 stated she did in RN #2 stated unless [LPN -	F 60				

	OF DEFICIENCIES F CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	1 '	PLE CONSTRUCTION  G		TE SURVEY MPLETED
		495226	B. WING		1 0	C 6/23/2022
	ROVIDER OR SUPPLIER  NURSING AND REHA	BILITATION CENTER		STREET ADDRESS, CITY, STATE, ZIP CO 730 LUNENBURG HIGHW KEYSVILLE, VA 23947		0.10.11011
(X4) ID PREFIX TAG	(EACH DEFICIEN	STATEMENT OF DEFICIENCIES ICY MUST BE PRECEDED BY FULL R LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF C (EACH CORRECTIVE ACTIC CROSS-REFERENCED TO TH DEFICIENCY	ON SHOULD BE HE APPROPRIATE	(X5) COMPLETION DATE
F 607	When asked if she of other residents, LPI what she could get residents were left to [RN#2] was working with the residents. Wincontinence care of not, she thought that An interview was considerable of the continence care of not, she thought that An interview was considerable of the continence care of not, she thought that An interview was considerable of the continence o	nroom and giving bed pans. did incontinence care on any N #2 stated, she did some to. When asked if any mattended to, LPN #2 stated, g as a CNA and was working When asked if she did n R2, LPN #2 stated she did nt [RN#2] did.  Inducted with CNA #1 on p.m. When asked what the sof a resident not being CNA #1 stated, breakdown er one concern. Second one em (the residents) sit in their ed these were the two biggest hen asked if R2 was left for jut being changed, is that a just to care for himself and due to he can't let you know that he d.  Inducted with RN #1, the nursing, on 6/22/2022 at 1:33 a resident not being changed neglect, RN #1 stated, "Yes, et around that if he wasn't	F 6	07		

	OF DEFICIENCIES F CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULT	IPLE CONSTRUCTION	(X3) DATE	SURVEY PLETED
		495226	B. WING _		1	C (22/2022
	ROVIDER OR SUPPLIER  D NURSING AND REHAE	ILITATION CENTER		STREET ADDRESS, CITY, STATE, ZIP CODE 730 LUNENBURG HIGHW KEYSVILLE, VA 23947	1 00	/23/2022
(X4) ID PREFIX TAG	(EACH DEFICIENC	ATEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL LSC IDENTIFYING INFORMATION)	ID PREFI TAG	PROVIDER'S PLAN OF CORR ( (EACH CORRECTIVE ACTION SI CROSS-REFERENCED TO THE AF DEFICIENCY)	HOULD BE	(X5) COMPLETION DATE
F 607	terms of their care, A should receive care at the eight hours then to the eight hours the failt provide incontinence during the 7:00 a.m. to definition of neglect A reviewing the facility's neglect ASM # 2 was their policy to prevent no.  ASM#1, the administracility consultant, and corporate director, we	greed R2 was neglected in SM #2 stated the resident and if they didn't get care in that is neglect.  oximately 1:30 p.m. ASM #2 are of the facility staff to care to (R2) on 6/4/2022 on 3:00 p.m. shift met the SM #2 stated, yes. After a policy regarding abuse and asked if they implemented an englect. ASM #2 stated,	F	507		
F 656 SS=E	Complaint deficiency. Develop/Implement C CFR(s): 483.21(b)(1)  §483.21(b) Comprehe §483.21(b)(1) The faci implement a compreh care plan for each res resident rights set fort §483.10(c)(3), that inc objectives and timefra medical, nursing, and needs that are identifi	ensive Care Plans ensive Care Plans ensive Care Plans eility must develop and ensive person-centered eident, consistent with the h at §483.10(c)(2) and eludes measurable elumes to meet a resident's mental and psychosocial ed in the comprehensive exprehensive care plan must	Fé	On 6/24/22, Director of Nursing initiated an audit of all current redication administration recording from 6/1/22-6/23/22 to include Resident #2, resident #3, resider resident #7. This audit is to ensure administered orders to include but not limited scale insulin with documentation of administration, and/or notific physician when medications address all concerns identified audit to include assessment of notification of the physician for	esident's rds(MAR) resident #1, ent #5, eure per physician I to sliding n on the MAR ation of administered The DON will during the the resident,	7/22/22

	OF DEFICIENCIES F CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	1		CONSTRUCTION	(X3) DATE COMP	SURVEY LETED
		495226	B. WING			1	2
	ROVIDER OR SUPPLIER  D NURSING AND REHAB	ILITATION CENTER		73	TREET ADDRESS, CITY, STATE, ZIP CODE 30 LUNENBURG HIGHW EYSVILLE, VA 23947	1 06/	23/2022
(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 CORRECTION (EACH CORRECTIVE ACTION SHOULD BI CROSS-REFERENCED TO THE APPROPRIA DEFICIENCY)		(X5) COMPLETION DATE
F 656	or maintain the reside physical, mental, and required under §483.24, §483. provided due to the reunder §483.10, including treatment under §483.30, including treatment of the PASAF rationale in the reside (iv)In consultation with resident's representationale in the resident's good desired outcomes.  (B) The resident's prefuture discharge. Fact whether the resident's community was assessed local contact agencies entities, for this purpo (C) Discharge plans in plan, as appropriate, requirements set forth section.  This REQUIREMENT by:  Based on staff intervireview, clinical record a complaint investigating facility staff failed to incomprehensive care greaters.	are to be furnished to attain ent's highest practicable psychosocial well-being as 24, §483.25 or §483.40; and would otherwise be required 25 or §483.40 but are not esident's exercise of rights ling the right to refuse 1.10(c)(6).  Bervices or specialized the nursing facility will PASARR a facility disagrees with the RR, it must indicate its nt's medical record. In the resident and the sive(s)-als for admission and ference and potential for elities must document as desire to return to the seed and any referrals to and/or other appropriate se. In the comprehensive care in accordance with the in paragraph (c) of this is not met as evidenced ew, facility document review and in the course of ion, it was determined the	F	656	recommendations and/or education of nurse. This audit will be completed by 6/30/22.  On 6/24/22, the DON initiated an audit finger stick blood sugars (FSBS) order audit was to ensure FBS were complete physician orders with documentation of MAR, that sliding scale insulin was administered following the physician of and that the physician was notified for FSBS >400. Th DON will address all concerns identified during audit. The awill be completed by 6/24/22.  On 6/23/22, the Director of Nursing (Diassessed resident #2 for signs and symptoms of neglect to include but not limited to providing timely incontinent care when indicated. There no concerns identified.  6/23/22, the Director of Nursing(DON) assessed resident #6 for signs and symptoms of neglect to include but not limited to providing timely incontinent when indicated. There were no concern identified.  On 6/23/22, the Director of Nursing(Don) assessed resident #2 and residents to include resident all reside were provided incontinent care timely. Assistant Director of Nursing(ADON) addresses all concerns identified during audit to include providing incontinent when indicated and education of staff.	t of all rs. This sted per on orders any audit of all of all of all orders any audit of all o	

	OF DEFICIENCIES F CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTI A. BUILDIN		CONSTRUCTION	(X3) DATE	SURVEY PLETED
		495226					С
NAME OF C	יייייייייייייייייייייייייייייייייייייי	493226	B. WING _			06/	23/2022
	PROVIDER OR SUPPLIER  D NURSING AND REHA	ABILITATION CENTER		73	REET ADDRESS, CITY, STATE, ZIP CODE 10 LUNENBURG HIGHW EYSVILLE, VA 23947		
(X4) ID PREFIX TAG	(EACH DEFICIE	STATEMENT OF DEFICIENCIES NCY MUST BE PRECEDED BY FULL R 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 656	The findings included 1a. The facility staff comprehensive can medications per the #1(R1).  Resident #1 (R1) has the most recent MD assessment, a quarassessment referencesident scored a "finterview for mental resident is moderate making daily decision Medications the resinsulin seven days diuretic seven days. The comprehensive the following: "3/17/2022 - Focus: functioning characterized judgment, decision related to hx (histom Parkinson's." "7/6/2018 - Focus: feficit due to: diuret documented in part, ordered by the physical sexcess due to: CHF The "Interventions" "Administer medicate for resident's respor "3/25/2019 - Focus: complications of rendisease, and/or retired in part, ordered sexcess due to: CHF The "Interventions" "Administer medicate for resident's respor "3/25/2019 - Focus: complications of rendisease, and/or retired in part, ordered sexcess due to: CHF The "Interventions" "Administer medicate for resident's respor "3/25/2019 - Focus: complications of rendisease, and/or retired in part, ordered sexcess due to: CHF The "Interventions" "Administer medicate for resident's respor "3/25/2019 - Focus: complications of rendisease, and/or retired in part, ordered sexcess due to: CHF The "Interventions" "Administer medicate for resident's respon "3/25/2019 - Focus: complications of rendisease, and/or retired in part, ordered sexcess due to: CHF The "Interventions" "Administer medicate for resident's respon "3/25/2019 - Focus: complications of rendisease, and/or retired in part, ordered sexcess due to: CHF The "Interventions" "Administer medicate for resident's respon "3/25/2019 - Focus: complications of rendisease, and/or retired sexcess due to: CHF The "Interventions" "Administer medicate for resident's respon "3/25/2019 - Focus: complications of rendisease, and/or retired sexcess due to: CHF The "Interventions" "Administer medicate for resident's respon "3/25/2019 - Focus: for retired sexcess due to: CHF The "Interventions" "Administer medicate for resident's respon "3/25/2019 - Focus: for retired sexcess	f failed to implement the e plan for administering physician orders for Resident as a diagnosis of diabetes. On S (minimum data set) terly assessment with an ace date of 3/13/2022, the 12" on the BIMS (brief status) score, indicating the ely cognitively impaired for ons. In Section N - ident was coded as receiving of the look-back period and a of the look back period.  Chronic decline in intellectual erized by deficit in memory, making and thought process y of) traumatic brain injury,  Potential for fluid volume ics." The "Interventions", "Administer medications as sician."  Potential for fluid volume (congestive heart failure)." documented in part, tions as ordered and observe	F 6	56	On 6/23/22, the Social Worker complete resident questionnaires with all alert ar oriented residents regarding incontinent toileting, The questionnaire is to identific concerns related to timely incontinent of toileting assistance. The Assistant Dire Nursing(ADON) will address all concern identified during the audit to include proincontinent care/toileting assistance whindicated and education of staff.  On 6/23/22, the Assistant Director of Notinitiated an in-service with all nurses regarding Following Physician Orders, the emphasis on ensuring medications administered per physician orders to induct but not limited to sliding scale insulined and/or notification of the physician whe medication not administered for further recommendations and on ensuring phyorders to include but not limited to order sliding scale insulin clearly defines parameters for administration to include dose, route, frequency, and when physical should be notified if indicated. In-Service of completed by 6/30/22. After 6/3022, newly hired nurses will be in-serviced corientation regarding Following Physicial Orders.  On 6/23/22, the ADON initiated an in-swith all nurses and nursing assistants of Incontinent Care with the emphasis on providing incontinent care/toileting assistantly per resident plan of care. In-serviced any nurse or nursing assistant who has completed the in-service will complete to next scheduled work shift. All newly nurses and nursing assistants will be inserviced during orientation regarding Incontinent care.	nd nt care/ ly any care/or ctor of ns oviding nen  ursing, with are clude ith on, en ers for e dician ce will any during an ervice on estance vice o/22, or not prior hired	

	OF DEFICIENCIES CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	1		CONSTRUCTION	(X3) DATE COMP	SURVEY LETED
		495226	B. WING _				C 23/2022
	ROVIDER OR SUPPLIER  NURSING AND REHAE	BILITATION CENTER		73	REET ADDRESS, CITY, STATE, ZIP CODE 0 LUNENBURG HIGHW EYSVILLE, VA 23947	<u> </u>	25/2022
(X4) ID PREFIX TAG	(EACH DEFICIENC	ATEMENT OF DEFICIENCIES LY MUST BE PRECEDED BY FULL LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	(	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BI CROSS-REFERENCED TO THE APPROPRIA DEFICIENCY)		(X5) COMPLETION DATE
F 656	"10/30/2015 - Focus: potential for complica The "Interventions" d' "Administer medication physician." "3/17/2022 - Focus: If for complications of Proceedings of Proceedings of Procedure the physician or part, sugar) as ordered by protocol. Medication  The physician orders documented, "Topam 50 mg (milligrams) 1 anticonvulsants."  The physician order of documented, "Symac Parkinson's disease) take 1 capsule by modification order of documented, "Coregiand high blood press twice daily for hyperter than 60."	for potential side effects."  (R1) has seizure disorder ations; potential for injury." ocumented in part, ons as ordered by the  Diabetes Mellitus: Potential hyper/hypoglycemia; oliant with diet and/or The "Interventions"  'FSBS (finger stick blood physician and/or per facility as ordered by the physician."  dated, 12/20/2017  fax (used to treat seizures) by mouth twice daily for  dated, 12/20/2017  line (used to treat (2) 100 mg cap (capsule) buth twice daily."  dated, 12/20/2017 (used to treat heart failure ure) 6.25 mg; 1 by mouth ension. Hold if pulse less	F6	556	The Treatment Nurse, Assistant Direct Nursing (ADON) and the Minimum Dat (MDS) will complete 10 resident care at to include all shifts and weekends, resi#2 and resident #6 weekly x 4 weeks t monthly x 1 month utilizing the Resider Care Audit. The treatment nurse, ADO MDS nurse will address all concerns indicated to maintain resident dignity a training of staff, The Director of Nursing review Resident Care Audit weekly x 4 weeks then monthly x 1 month to ensurconcerns were addressed.  The Administrative nurses to include the Assistant Director of Nursing, (ADON) Treatment Nurse and Minimum Data Source (MDS) will review MARs weekly weeks then monthly x 1 utilizing the Mark Audit Tool. This audit is to ensure medications to include but not limited the sliding scale insulin was administered physician orders. The Assistant Director Nursing, (ADON) Treatment Nurse and Minimum Data Set nurse (MDS) will act all concerns identified during audit to it assessment of the resident, notification the physician, and re-training of staff. To Director of Nursing will review the MARTool weekly x 4 weeks then monthly x month to ensure all concerns were addressed.  The Director of Nursing will present the findings of the Resident Care Audit and MAR Audit to the Executive Quality	a Set audits dent hen ht N, and reg will re all left x 4 AR oper of ldress holde h of The R Audit 1	
	by mouth twice daily The physician order of documented, "Insulin	for fluid overload."  dated, 12/15/2021  Detemir - Levemir Injection s); inject 20 units sub - Q			Assurance Improvement (QAPI) Comn for 2 months. The Executive QAPI Committee will meet monthly x 2 month review the Resident Care Audit and the MAR Audit to determine trends and/or issues that may need further interventint place and to determine the need for	ns and e on put	

	OF DEFICIENCIES F CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	1		CONSTRUCTION	(X3) DATE COMP	SURVEY
		495226	B. WING	·			C 23/2022
	ROVIDER OR SUPPLIER  NURSING AND REHAB	ILITATION CENTER		73	REET ADDRESS, CITY, STATE, ZIP CODE 0 Lunenburg Highw Eysville, va 23947		
(X4) ID PREFIX TAG	(EACH DEFICIENC)	ATEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL LSC IDENTIFYING INFORMATION)	ID PREFI TAG		PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BI CROSS-REFERENCED TO THE APPROPRIA DEFICIENCY)		(X5) COMPLETION DATE
F 656	Continued From page	÷ 29	F	656			
	inject as per SS (slidir meals and at bedtime	dated, 8/13/2021 Aspart - Novolog injection; ng scale) sub Q before 200 - 250 = 4 units, 251 - 50 = 8 units; 351 - 400 = 10					
	The physician order d documented, "Pepcid 20 mg; take 1 tablet b	(used to treat acid reflux)					
T. A. C.	The May and June 20 administration record) orders.	022 MAR (medication ) documented the above					
	prescribed times, the blank: Topamax 50 mg - the 5/18/2022, 5/19/2022, Symadine 100 mg - th 5/23/2022 and 5/25/2022, 5/3/2022, 5/11/2022, 9 Coreg 6.25 mg - the 8 and 5/25/2022. Lasix 40 mg - the 4:00 Levemir Insulin 20 uni 5/11/2022 and 5/13/20	following medications ered at the documented squares on the MAR were  8:00 p.m. dose on , 5/20/2022 and 5/24/2022. ne 9:00 a.m. dose on 022; the 8:00 p.m. dose on 5/23/2022. 8:00 p.m. dose on 5/18/2022 0 p.m. dose on 5/17/2022. its - the 8:00 p.m. dose on					

	OF DEFICIENCIES F CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MUL <sup>-</sup> A. BUILDI		STRUCTION	(X3) DATE	SURVEY PLETED
		495226	B. WING			į	C
	ROVIDER OR SUPPLIER  D NURSING AND REH,	ABILITATION CENTER		730 LU	T ADDRESS, CITY, STATE, ZIP CODE  NENBURG HIGHW  VILLE, VA 23947	1 06	/23/2022
(X4) ID PREFIX TAG	(EACH DEFICIE	STATEMENT OF DEFICIENCIES NCY MUST BE PRECEDED BY FULL R LSC IDENTIFYING INFORMATION)	ID PREFI TAG	×	PROVIDER'S PLAN OF CORRECTI (EACH CORRECTIVE ACTION SHOUL CROSS-REFERENCED TO THE APPROF DEFICIENCY)	D BE	(X5) COMPLETION DATE
F 656	Coreg 6.25 mg - th Pepcid 20 mg - the Lasix 40 mg - the 4 Levemir Insulin - TI 6/3/2022, 6/5/2022 Novolog Insulin - th 6/12/2022 and 6/15 The Blood Sugar S blood sugars: 6/6/2022 at 6:30 a 6/12/2022 at 6:30 a 6/15/2022 at 6:30 a 6/15/2022 at 6:30 a 6/15/2022 at 6:30 a for the selection of a Review of the nurse 2022 failed to evide medications were in An interview was concertical nurse) #1 When asked what a indicative of, LPN # you didn't do it, but didn't sign it off. Whose someone knowstated, "You don't k An interview was concertical nurse of the same	e 8:00 p.m. dose on 6/15/2022 8:00 p.m. dose on 6/15/2022 8:00 p.m. dose on 6/13/2022 he 8:00 p.m. dose on 6/14/2022 he 6:30 a.m. dose on 6/6/2022 he 6:30 a.m. dose on 6/13/2022 he 6:30 a.m. dose on 6/13/2022 he 6:30 p.m. dose on 6/6/2022 he 6:30 p.m. dose on 6/13/2022 he 6:30 p.m. dose on 6/14/2022 he 6:30 p.m. dose on 6/6/2022 he 6:30 p.m. dose on 6/6/20	F	356			

	OF DEFICIENCIES F CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:		PLE CONSTRUCTION  G		(X3) DATE SURVEY COMPLETED
		495226	B. WING			С
NAME OF P	ROVIDER OR SUPPLIER	430220	B. WING _	STREET ADDRESS, CITY, STATE, ZIP COD	DE	06/23/2022
WAYLAN	NURSING AND REH	ABILITATION CENTER		730 LUNENBURG HIGHW KEYSVILLE, VA 23947		
(X4) ID PREFIX TAG	(EACH DEFICIE	STATEMENT OF DEFICIENCIES INCY MUST BE PRECEDED BY FULL OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CO (EACH CORRECTIVE ACTION CROSS-REFERENCED TO THE DEFICIENCY)	N SHOULD BE APPROPRIA	
F 656	here which include communicate, and care plan addresse resident. When as give medications a administered per thimplementing the communicate of the facility policy, documented in parto provide a written based on physiciar the resident needs pre-admission scree (PASSR). Develop the resident's care disciplines available conference under the coordinator."  ASM #1, the admin facility consultant, a corporate director, above concerns on 1:30 p.m.  No further information following website: https://medlineplus.tml  (2) This information following website:	sident is to be cared for while is their needs, how they how they transfer/move. The estall needs of care for the ked if the care plan says to sordered and they were not the physician's order, is that hare plan, ASM #2 stated, no.  'Resident Care Plan'' t, "It is the policy of the facility of resident-centered care plan has orders, the assessment of and preferences, and the ening and resident review of plan will occur by participating the direction of the RN  sistrator, ASM #2, ASM #4, the land ASM #5, the clinical were made aware of the 6/23/2022 at approximately ion was obtained prior to exit.	F 6	56		

	OF DEFICIENCIES F CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULT A. BUILDII		CONSTRUCTION	(X3) DATE	SURVEY PLETED
		495226	B. WNG			1	С
	ROVIDER OR SUPPLIER  NURSING AND REHAB			73	REET ADDRESS, CITY, STATE, ZIP CODE  0 LUNENBURG HIGHW  EYSVILLE, VA 23947	<u>  06/</u>	23/2022
(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 BI CROSS-REFERENCED TO THE APPROPRIA DEFICIENCY)		(X5) COMPLETION DATE
F 656	tml (4) This information w following website: https://medlineplus.go tml (5) This information w following website: https://medlineplus.go tml (6) This information w following website: https://medlineplus.go tml (7) This information w following website: https://medlineplus.go tml (7) This information w following website: https://medlineplus.go ml  1.b. For (R1), The fact the comprehensive ca administration of insula The comprehensive ca administration of insula The complications of hype non-compliant with die regimen." The "Interve part, "FSBS (finger sti by physician and/or pe Medication as ordered The physician order d documented, "Novolog	vas obtained from the ov/druginfo/meds/a697042.h vas obtained from the ov/druginfo/meds/a682858.h vas obtained from the ov/druginfo/meds/a606012.h vas obtained from the ov/druginfo/meds/a605013.h vas obtained from the ov/druginfo/meds/a605013.h vas obtained from the ov/druginfo/meds/a687011.ht vas obtained from the ov/druginfo/meds/a682858.h	F	856			

STATEMENT	OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA	T. 000 100	TIM: -		T	J. 0938-0391
	F CORRECTION	IDENTIFICATION NUMBER:	1		E CONSTRUCTION		SURVEY PLETED
		495226	B. WING			1	C / <b>23/2022</b>
NAME OF P	ROVIDER OR SUPPLIER			S	TREET ADDRESS, CITY, STATE, ZIP CODE	1 00	LUILULL
WAYLANI	NURSING AND REHAB	ILITATION CENTER		ı	30 LUNENBURG HIGHW (EYSVILLE, VA 23947		
(X4) ID PREFIX TAG	(EACH DEFICIENC	ATEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL .SC IDENTIFYING INFORMATION)	ID PREF TAG		PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD E CROSS-REFERENCED TO THE APPROPRI DEFICIENCY)		(X5) COMPLETION DATE
F 656	(subcutaneously) before [blood sugar] 200 - 25 units; 301 - 350 = 8 unit	ore meals and at bedtime:  50 = 4 units; 251 - 300 = 6  nits; 351 - 400 = 10 units.  opening."  medication administration he above order. On the mes, the blood sugar is amount of insulin given or	F	656			
	10 units given 5/4/2022 at 9:00 p.m. insulin given 5/14/2022 at 4:30 p.m 5/19/2022 at 4:30 p.m 5/30/2022 at 4:30 p.m The June 2022 MAR order for Novolog Insuland times, the blood sthe amount of insuling documented:	- BS - 401 - no documented  a BS - 450 - 10 units given b BS - 467 - 10 units given c BS - 433 - 10 units given  documented the above ulin. On the following dates sugar is documented and					
	6/17/2022 at 11:30 a.r given 6/18/2022 at 9:00 p.m Review of the nurse's documentation that th physician to obtain or above 400.  An interview was conc practical nurse) #1 on When asked what a b	nn BS - 509 - 10 units  n BS - 489 - 10 units given  notes failed to evidence e nurse contacted the ders for a blood sugar  ducted with LPN (licensed 6/22/2022 at 3:16 p.m.					
	you didn't do it, but in	the real world someone					

	OF DEFICIENCIES CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	i		CONSTRUCTION	(X3) DATE	SURVEY
		40.5000					С
		495226	B. WING			06/	23/2022
	ROVIDER OR SUPPLIER  NURSING AND REHA	BILITATION CENTER		73	REET ADDRESS, CITY, STATE, ZIP CODE  U LUNENBURG HIGHW  EYSVILLE, VA 23947		
(X4) ID PREFIX TAG	(EACH DEFICIEN	TATEMENT OF DEFICIENCIES CY MUST BE PRECEDED BY FULL LSC IDENTIFYING INFORMATION)	ID PREFI TAG	×	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD B CROSS-REFERENCED TO THE APPROPRIA DEFICIENCY)		(X5) COMPLETION DATE
F 656	stated, "you don't kn An interview was co (administrative staff nursing, on 6/22/202 what the blanks on t stated it (the medica #2 further stated, mo it, the nurse didn't si (medication) pass. T documented it wasn purpose of the care identify how the resi here which includes communicate, and h care plan addresses resident. When ask give medications as administered per the implementing the ca ASM #1, the adminis facility consultant, ar corporate director, w above concerns on 6 1:30 p.m.  No further information Complaint deficiency References: (1) This information of following website: https://medlineplus.g tml.	wit was given or not, LPN #1 now."  Inducted with ASM member) #2, the director of 12 at 3:59 p.m. When asked he MAR mean, ASM #2 tion) it was not given. ASM ore than likely, the logistics of gn it off during her med the golden rule is if it's not it done." When asked the plan, ASM #2 stated it helps dent is to be cared for while their needs, how they ow they transfer/move. The all needs of care for the ed if the care plan says to ordered and they were not e physician's order, is that are plan, ASM #2 stated, no.  Strator, ASM #2, ASM #4, the and ASM #5, the clinical are made aware of the S/23/2022 at approximately  In was obtained prior to exit.	F	656			

	OF DEFICIENCIES F CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MUL A. BUILD		CONSTRUCTION	(X3) DATE	SURVEY PLETED
		495226	B. WING			1	C /23/2022
	ROVIDER OR SUPPLIER  D NURSING AND REHAB	ILITATION CENTER		73	TREET ADDRESS, CITY, STATE, ZIP CODE 30 LUNENBURG HIGHW EYSVILLE, VA 23947	1 00.	12012022
(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 CORRECTION (EACH CORRECTIVE ACTION SHOULD B CROSS-REFERENCED TO THE APPROPRI DEFICIENCY)		(X5) COMPLETION DATE
F 656	assessment, a quarte assessment reference resident was coded a term memory difficulti impaired for making of the comprehensive of part, the following:  "12/26/2013 - Focus: which resident acts of coping; Agitation/com cognitive impairment, D/T (due to) demential Huntington's chorea."  documented in part, "prescribed by MD (me "4/12/2019 - Focus: H"Interventions" documented in control involuntary in the value of the control involuntary in part, "Medications a elimination for adequation physician of significan "11/9/2015 - Focus: (Finedications daily." The documented in part, "physician's order."  "9/26/2015 - Focus: (Finedications of significan in part, "Aphysician's order."	administration of lent #2 (R2).  DS (minimum data set) rly assessment, with an e date of 4/13/2022, the shaving both short and long less and being severely ognitive daily decisions.  are plan documented in  Problematic manner in haracterized by ineffective bativeness related to: impaired reasoning skills, r., R/T (related to)  The "Interventions"  Give medications as adical doctor)."  untington's Chorea." The ented in part, "Medications movements as directed."  untington's chorea (R2) is ewing and swallowing, ents or extremities, trunk and "Interventions" documented as ordered. Monitor bowel atte functioning and notify the changes."  R2) takes psychotropic en "Interventions"  Administer medications per R2) has seizure disorder and for complications and	F	656			

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	1	(X2) MULTIPLE CONSTRUCTION A. BUILDING		(X3) DATE SURVEY COMPLETED	
		495226	B. WING			Į.	C / <b>23/2022</b>
	ROVIDER OR SUPPLIER  D NURSING AND REHAB	ILITATION CENTER		STREET ADDRESS, C 730 LUNENBURG H KEYSVILLE, VA 2		1 00,	a VI a V a a
(X4) ID PREFIX TAG	(EACH DEFICIENC)	ATEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREFI) TAG	(EACH (	VIDER'S PLAN OF CORRECTION CORRECTIVE ACTION SHOULD B EFERENCED TO THE APPROPRIA DEFICIENCY)		(X5) COMPLETION DATE
F 656	documented, "Rispero (used to treat behavioraggression, self-injury changes) (1) - Risperionce daily for Hunting The physician order of documented, "Senna constipation) (2) 8.6 - mouth twice daily for The physician order of documented, "Xenazi [sudden movements to caused by Huntington take 1/2 tablet = 12.5 for Huntington's chored the symptoms of Aller 2 drops into each eye allergies."  The physician order of documented, "Naphocoumented, "Keppra combination with othe seizure in adults) (5) - mg) by mouth twice of the physician order of documented, "Neuron (capsule) 300 mg - tal times a day for seizure The physician order of documented, "Rispero 1 mg by mouth at bed chorea."  The physician order of documented, "Cholecian 50,000 (Vitamin Docalcium. Calcium is or blocks of bone. A lack	dal 0.5 mg (milligrams) or problems such as or, and sudden mood idone Tab (tablet) 0.5 mg gton's Chorea." lated, 12/18/2020, Plus (used to treat 50 mg take 1 tablet by constipation." lated, 12/18/2020, ne (used to treat chorea that you cannot control] or disease) (3) 25 mg tablet, mg by mouth twice a day ea." lated, 12/18/2020, on - A solution (used to treat gic Conjunctivitis) (4); instill of twice a day for eye lated, 8/10/2021, a - Levetiracetam (used in er medications to treat take 7.5 ml (milliliters) (750 ailly." lated, 4/18/2022, other - Gabapentin cap ke 1 capsule by mouth three es." lated, 12/18/2020, dal 0.5 mg - take 2 tablets = litime for Huntington's	F	556			

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION A. BUILDING			(X3) DATE SURVEY COMPLETED	
		495226	495226 B. WING			С	
	ROVIDER OR SUPPLIER	HABILITATION CENTER		STREET ADDRESS, CITY, STATE, ZIP CODE 730 LUNENBURG HIGHW KEYSVILLE, VA 23947	2.	06/23/2022	
(X4) ID PREFIX TAG	X (EACH DEFICIENCY MUST BE PRECEDED BY FULL PREFIX			PROVIDER'S PLAN OF CORRECTION (X5)  (EACH CORRECTIVE ACTION SHOULD BE COMPLETION CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)			
F 656	and immune syste capsule by mouth deficiency."  The May 2022 and the above orders.  The May 2022 MA documentation of having been admi prescribed times, blank.  Risperdal 0.5 mg 5/6/2022  Senna Plus 8.5-50 5/28/2022  Xenazine 25 mg d 5/28/2022  Naphcon A - the 4	age 37 s a role in your nerve, muscle, ems.) (7) units cap take 1 every week for Vitamin - D  d June 2022 MAR documented  AR failed to evidence the the following medications nistered at the documented the squares on the MAR were  the 6:00 a.m. dose on  mg -the 4:00 p.m. dose on  sose - the 4:00 p.m. on  1:00 p.m. on 5/28/2022 p.m. dose on 5/27/2022	F 6				
	dose on 5/27/2022 Risperdal 1 mg - ti Bisacodyl 10 mg - 5/24/2022.  The June MAR fai documentation of having been admit prescribed times: Senna Plus 8.5 - 5 6/2/2022, 6/5/2022 Xenazine 25 mg - 6/14/2022 and 6/2 Naphcon A - the 4 Keppra - the 4:00	the 8:00 p.m. dose on 5/3/2022 the 12:00 a.m. dose on led to evidence the the following medications nistered at the documented for mg - the 4:00 p.m. dose on 2, 6/14/2022 and 6/21/2022 the 4:00 p.m. dose on 1/2022 to p.m. dose on 6/21/2022 p.m. dose on 6/13/2022 - the 8:00 p.m. dose on					

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:			(X3) DA1	E SURVEY
		402000				С
NAME OF D	DOMED OF CHOOLIES	495226	B. WING		0	6/23/2022
	ROVIDER OR SUPPLIER  NURSING AND REH	ABILITATION CENTER		STREET ADDRESS, CITY, STATE, ZIP CODE 730 LUNENBURG HIGHW KEYSVILLE, VA 23947		
(X4) ID PREFIX TAG	(EACH DEFICIE	STATEMENT OF DEFICIENCIES NCY MUST BE PRECEDED BY FULL R LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORR (EACH CORRECTIVE ACTION S CROSS-REFERENCED TO THE AI DEFICIENCY)	HOULD BE	(X5) COMPLETION DATE
F 656	Review of the nursing 2022 failed to evide the medications were an interview was controlled in the medications were an interview was controlled in the medicative of, LPN # you didn't do it, but didn't sign it off. When asked what a indicative of, LPN # you didn't do it, but didn't sign it off. When does someone know stated, "you don't keep where was controlled in the propose of the care identify how the reshere which includes communicate, and care plan addresse resident. When ast give medications as administered per the implementing the care identify the care identify the care identify how the reshere which includes communicate, and care plan addresse resident. When ast give medications as administered per the implementing the care identify the care identifications as administered per the implementing the care identifications as a different in the care identification in	e's notes for May and June ence documentation as to why are not administered.  Inducted with LPN (licensed on 6/22/2022 at 3:16 p.m. a blank on the MAR is \$1 stated if it's not documented in the real world someone hen asked if it's blank how w it was given or not, LPN #1 now."	F 65	56		
	facility consultant, a corporate director, v	istrator, ASM #2, ASM #4, the and ASM #5, the clinical were made aware of the 6/23/2022 at approximately				

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA (X2) MULTIPLE CONSTRUCTION IDENTIFICATION NUMBER:  A. BUILDING			(X3) DATE SURVEY COMPLETED		
		495226	B WNG	B. WNG		С	
	ROVIDER OR SUPPLIER  NURSING AND REHAB			STREET ADDRESS, CITY, STATE, ZIF 730 LUNENBURG HIGHW KEYSVILLE, VA 23947	P CODE	06/2	23/2022
(X4) ID PREFIX TAG	EIX (EACH DEFICIENCY MUST BE PRECEDED BY FULL		ID PROVIDER'S PLAN OF CORRECTION PREFIX (EACH CORRECTIVE ACTION SHOULD TAG CROSS-REFERENCED TO THE APPROPRIATE OF THE APPROPRIA		CTION SHOULD BE O THE APPROPRIAT		(X5) COMPLETION DATE
F 656	1:30 p.m.  No further information  Complaint deficiency.  References: (1) This information w following website: https://medlineplus.go tml (2) This information w following website:https://medlin 01112.html (3) This information w following website: https://medlineplus.go tml (4) This information w following website: https://www.rxlist.com (5) This information w following website: https://medlineplus.go tml (6) This information w following website:	was obtained prior to exit.  was obtained from the  pv/druginfo/meds/a694015.h  was obtained from the  peplus.gov/druginfo/meds/a6  was obtained from the  pv/druginfo/meds/a618009.h  was obtained from the  pv/druginfo/meds/a618009.h  was obtained from the  pv/druginfo/meds/a699059.h	F	656	NCY)		
	(7) This information was following website: https://medlineplus.go						
	2.b. For (R2), the com dated, 4/7/2015 docur is always incont (incor bladder." The "Interve	mented in part, "Focus: (R2) ntinent) of bowel and					

A95226  B. WING  O6/23/  NAME OF PROVIDER OR SUPPLIER  STREET ADDRESS, CITY, STATE, ZIP CODE  730 LUNENBURG HIGHW	3/2022
NAME OF PROVIDER OR SUPPLIER  STREET ADDRESS, CITY, STATE, ZIP CODE  730 LUNENBURG HIGHW	712022
WAYLAND NURSING AND REHABILITATION CENTER  KEYSVILLE, VA 23947	
(X4) ID SUMMARY STATEMENT OF DEFICIENCIES ID PROVIDER'S PLAN OF CORRECTION PREFIX (EACH DEFICIENCY MUST BE PRECEDED BY FULL PREFIX (EACH CORRECTIVE ACTION SHOULD BE CAUSE OF CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETION DATE
Pfeficare after each incontinent episodes. Protection and containment program; apply underwear over brief." The care plan dated, 11/19/2019 documented in part, "Activities of Daily Living/Personal Care." The "Interventions" documented in part, "No TOILETING required. Uses incontinent products. Incontinent of bladder. Incontinent of bowel."  The Point of Care Toileting documentation dated 6/3/2022 at 10.59 p.m. documented the resident was coded as having been changed and was dependent on one staff member. On 6/4/2022 at 4.54 a.m. it was documented as "8.8" The "Legend Report" documents an "8.8" indicates the care/activity did not occur. The next documentation was documented on 6/4/2022 at 10.59 p.m. The resident was totally dependent upon one staff member for toileting needs.  An interview was conducted with RN (registered nurse) #2, on 6/22/2022 at 11:22 a.m. When asked if she worked on 6/4/2022 as a CNA (cortified nursing assistant), RN #2 stated that she was the only one providing direct care, the nurses were busy doing medications and treatments. When asked if she got everyone changed, gotten out of bed and dressed, RN #2 stated, no. RN #2 stated there were resident that were not attended to. RN #2 stated she did not get to that room. RN #2 stated unless (LPN licensed practical nurse #2] did him.  An interview was conducted with LPN #2 on 6/22/2022, LPN #2 stated unless (LPN licensed practical nurse #2] did him.  An interview was conducted with LPN #2 on 6/22/2022, LPN #2 stated yee When	

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION A. BUILDING			(X3) DATE SURVEY COMPLETED	
						С	
		495226	B. WING			06/	23/2022
	ROVIDER OR SUPPLIER  D NURSING AND REHAB	ILITATION CENTER		STREET ADDRESS, CITY, STATE, ZIP CO 730 LUNENBURG HIGHW KEYSVILLE, VA 23947	DDE		
(X4) ID PREFIX TAG	(EACH DEFICIENC	ATEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL LSC IDENTIFYING INFORMATION)	ID PREFI) TAG		ION SHOULD BI HE APPROPRIA	1	(X5) COMPLETION DATE
F 656	asked what she did the passed medications, residents to the bathrown when asked if she did other residents, LPN what she could get to residents were left un [RN#2] was working a with the residents. Whicontinence care on not, she thought that incontinence care on p.m. When asked if shincontinence care to reflect the medication of the provide incontinence care to reflect the medication of the provide incontinence care to reflect the medication of the provide incontinence care to reflect the provide incontinence care on not, she that the provide incontinence care to reflect the provide incontinence care on not, she that the provi	anat day, LPN #2 stated she answered call lights, took from and giving bed pans. It is discountinence care on any #2 stated, she did some of the working that the stated if any statended to, LPN #2 stated, as a CNA and was working then asked if she did R2, LPN #2 stated she did [RN#2] did.  I ducted with RN #1, the stated with RN #1, the states on 6/22/2022 at 1:33 the provided any residents on 6/4/2022, RN orbysical limitations she was continence care and she did ace care on any residents on diff the care plan states to incontinence care and it following the care plan, RN is no way that it could have ducted with ASM member) #2, the director of 2 at 3:59 p.m. When asked the MAR mean, ASM #2 for it was not given. ASM re than likely, the logistics of in it off during her med the golden rule is if it's not done." When asked the lan, ASM #2 stated it helps the state of the state of the residence of the cared for while	F	656			

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:		LE CONSTRUCTION		(X3) DATE SURVEY COMPLETED	
		495226	B. WING		0	C 06/23/2022	
	ROVIDER OR SUPPLIER  D NURSING AND REHA	BILITATION CENTER		STREET ADDRESS, CITY, STATE, ZIP CODE  730 LUNENBURG HIGHW  KEYSVILLE, VA 23947			
(X4) ID PREFIX TAG			ID PREFIX TAG	PROVIDER'S PLAN OF CO (EACH CORRECTIVE ACTION CROSS-REFERENCED TO THE DEFICIENCY)	N SHOULD BE E APPROPRIATE	(X5) COMPLETION DATE	
F 656	resident. When ask provide incontinence episode and it wash R2 on 6/4/2022, is t plan, ASM #2 stated ASM #1, the adminificatility consultant, a corporate director, vabove concerns on 1:30 p.m.  No further information Complaint deficience 3. For (R3), the facilithe care plan for the medications.  On the most recent assessment, a quark assessment referent resident was coded term memory difficult independent in make The comprehensive part the following: "3/1/2016 - Focus: Carthritis." The "Interval "Administer pain medication orders and medication or a therapeutic dies altered diet, leaves 2 at most meals, decrease are sident was decreased and medication or a therapeutic diet altered diet, leaves 2 at most meals, decreased as a side of the control or the comprehensive part the following: "3/6/2018 - Focus: Sign less than body reson a therapeutic diet altered diet, leaves 2 at most meals, decreased and control or the comprehensive part the following: "3/6/2018 - Focus: Sign less than body reson at the care plant th	ted if the care plan says to be care after each incontinent of done, as in the case with that implementing the care of the car	F 65	6			

PRINTED: 07/01/2022 FORM APPROVED OMB NO. 0938-0391

STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA (X2) MULTIPLE CONSTRUCTION (X3) DATE SURVEY AND PLAN OF CORRECTION **IDENTIFICATION NUMBER:** COMPLETED A. BUILDING\_ С 495226 B. WING 06/23/2022 NAME OF PROVIDER OR SUPPLIER STREET ADDRESS, CITY, STATE, ZIP CODE 730 LUNENBURG HIGHW **WAYLAND NURSING AND REHABILITATION CENTER** KEYSVILLE, VA 23947 SUMMARY STATEMENT OF DEFICIENCIES (X4) ID PROVIDER'S PLAN OF CORRECTION ID (X5) COMPLETION **PREFIX** (EACH DEFICIENCY MUST BE PRECEDED BY FULL PREFIX (EACH CORRECTIVE ACTION SHOULD BE REGULATORY OR LSC IDENTIFYING INFORMATION) TAG TAG CROSS-REFERENCED TO THE APPROPRIATE DATE DEFICIENCY) F 656 Continued From page 43 F 656 Supplements as ordered." 4/10/2017 - Focus: Potential for bleeding/bruising R/T (related to) receiving aspirin and plavix." The "Interventions" documented in part, "Administer medications as ordered by the physician." The physician orders dated, 1/17/2013, documented, "Centrum/MVI (multivitamin) (nutritional supplement) (1) - 1 tab (tablet) by mouth once daily for supplement." The physician order dated, 3/3/2016, documented, "Plavix (used alone or with aspirin to prevent serious or life-threatening problems with the heart and blood vessels in people who have had a stroke, heart attack, or severe chest pain.) (2)75 mg (milligrams) tablet, 1 by mouth once daily for CVA (cerebral vascular accident stroke)/ hypertension." The physician order dated, 4/5/2008, documented, "Tylenol (used to treat pain or fever) (3) 325 mg tablet, 2 tablet by mouth twice daily for arthritis pain." The May and June 2022 MAR (medication administration record) documented the above orders. The May 2022 MAR failed to evidence the documentation of the following medications having been administered at the documented prescribed times, the squares on the MAR were Centrum - the 9:00 a.m. dose on 5/29/2022 Plavix 75 mg - the 9:00 a.m. dose on 5/29/2022 Tylenol 650 mg - the 9:00 a.m. dose on 5/29/2022 The June 2022 MAR failed to evidence the documentation of the following medications

having been administered at the documented

		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:				(X3) DATE SURVEY COMPLETED	
		405000		P MANC		С	
NAME OF P	ROVIDER OR SUPPLIER	495226	B. WNG	STI	REET ADDRESS, CITY, STATE, ZIP CODE	06	23/2022
WAYLANI	O NURSING AND REH	ABILITATION CENTER		730	D LUNENBURG HIGHW EYSVILLE, VA 23947		
(X4) ID PREFIX TAG	(EACH DEFICIE	STATEMENT OF DEFICIENCIES INCY MUST BE PRECEDED BY FULL DR LSC IDENTIFYING INFORMATION)	ID PREFI TAG	×	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD B CROSS-REFERENCED TO THE APPROPRI DEFICIENCY)		(X5) COMPLETION DATE
F 656	prescribed times, the blank: Centrum - the 9:00 6/12/2022, 6/13/20 Tylenol 650 mg - the Review of the nurse 2022 failed to evide mediations were not an interview was controlled practical nurse) #1 When asked what indicative of, LPN and you didn't do it, but didn't sign it off. When the same of the communication of the comm	he squares on the MAR were  2 a.m. dose on 6/11/2022, 222, and 6/14/2022 2 ne 5:00 p.m. dose on 6/4/2022 2 e's notes for May and June 2 ence documentation of why the 2 ot administered.  2 onducted with LPN (licensed 2 on 6/22/2022 at 3:16 p.m. 2 a blank on the MAR is 2 #1 stated if it's not documented 3 tin the real world someone 3 //hen asked if it's blank how 3 ow it was given or not, LPN #1	F	656			

CENTERS FOR MEDICARE & MEDICAID SERVICES

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPL A. BUILDING	E CONSTRUCTION		TE SURVEY MPLETED
		495226	B. WING			C 06/23/2022
	ROVIDER OR SUPPLIER  D NURSING AND REHA	BILITATION CENTER		STREET ADDRESS, CITY, STATE, ZIP CODE 730 LUNENBURG HIGHW KEYSVILLE, VA 23947		0123/2022
(X4) ID PREFIX TAG	FIX (EACH DEFICIENCY MUST BE PRECEDED BY FULL		ID PREFIX TAG	PROVIDER'S PLAN OF CO (EACH CORRECTIVE ACTION CROSS-REFERENCED TO THE DEFICIENCY)	N SHOULD BE	(XS) COMPLETION DATE
F 656	facility consultant, a corporate director, vabove concerns on 1:30 p.m.  No further information Complaint deficience References: (1) This information following website: https://www.empr.cc (2) This information following website: https://medlineplus.gtml (3) This information following website: https://medlineplus.gtml (3) This information following website: https://medlineplus.gtml 4. For (R5), the facil the comprehensive administration of ins (R5) was admitted to that included by not diabetes mellitus (1) On the most recent quarterly assessmen reference date) of 0: scored 14 out of 15 for mental status), in cognitively intact for Section N0350 "Insuseven insulin injection server insulin injection server insulin injection in the server	ond ASM #5, the clinical vere made aware of the 6/23/2022 at approximately on was obtained prior to exit.  y.  was obtained from the om/drug/centrum/ was obtained from the gov/druginfo/meds/a601040.h  was obtained from the gov/druginfo/meds/a681004.h  ity staff failed to implement care plan for the ulin.  o the facility with a diagnoses limited to: type 2 (two)	F 656			

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION A. BUILDING			(X3) DATE SURVEY COMPLETED	
		495226	D MANIC			c	;
	ROVIDER OR SUPPLIER  NURSING AND REHA		B. WING	STREET ADDRESS, CITY, STATE, ZIP CODE 730 LUNENBURG HIGHW KEYSVILLE, VA 23947		06/2	23/2022
(X4) ID PREFIX TAG	(EACH DEFICIEN	STATEMENT OF DEFICIENCIES NCY MUST BE PRECEDED BY FULL R 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
F 656	documented in part 100/ML (milliliter). (zero)-149=0 units; units, 250-299=3 ur 350-399=5 units, 40 than) 450 or < (lees doctor). Accucheck bedtime. 01/5/2022 "Lantus (3) INJ 100 (subcutaneous - befor glucose (sugar)  "Lantus INJ 100/ML morning for glucose (sugar)  "Lantus INJ 100/ML morning for glucose of the eMAR (electror record) for (R5) date the physician's order of the eMAR failed the sugars on 05/19/2020 05/28/2022 at 4:30 the amount of insuli at 11:30 a.m., 05/23/205/24/2022 at 9:00 a.m. and on 05/28/2 review of the eMAR (electror record) for (R5) date the physician's order of the eMAR failed the physician's order of the eMAR failed the glucose of the eMAR failed th	05/31/2022 for (R5) , "Humalog (2) INJ (injection) SS (sliding scale): 0 150-199=1 unit, 200-249=2 hits, 300-349= 4units, 10-450=6 units, > (greater than) 60 call MD (medical is before meals and at .:"  /ML. Inject 15 units sub-Q meath the skin) every evening control. 01/05/2022."  Inject 26 units sub-Q every (sugar) control. 01/05/2022."  hic medication administration ed "May 2022" documented irs as stated above. Review of evidence (R5's) blood 22 at 11:30 a.m., and p.m. and failed to evidence in administered on 05/19/2022 /2022 at 6:30 a.m., p.m., 05/25/2022 at 11:30 1022 at 4:30 p.m. Further revealed a blank on p.m. for the administration and "June 2022" documented irs as stated above. Review of evidence (R5's) blood 22 at 6:30 a.m., 20.m., 06/25/2022 at 11:30 2022 at 4:30 p.m. Further revealed a blank on p.m. for the administration and "June 2022" documented as as stated above. Review of evidence (R5's) blood 22 at 6:30 a.m., 06/08/2022 at 22 at 9:00 p.m., 06/14/2022 at 22 at 9:00 p.m., 06/14/2022 at 25/18/2022 at 4:30 p.m. and	F6	56			

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIF	PLE CONSTRUCTION		(X3) DATE SURVEY COMPLETED	
		495226	B. WING			С	
	PROVIDER OR SUPPLIER  D NURSING AND REH	ABILITATION CENTER	B. WING	STREET ADDRESS, CITY, STATE, ZIP COD 730 LUNENBURG HIGHW KEYSVILLE, VA 23947	DE.	06/23/2022	
(X4) ID PREFIX TAG	(EACH DEFICIE	STATEMENT OF DEFICIENCIES NCY MUST BE PRECEDED BY FULL OR 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 656	administered on 06 06/03/2022 at 6:30 06/08/2022 at 6:30 06/12/2022 at 6:30 and at 9:00 p.m., 0 06/15/2022 at 6:30 06/18/2022 at 4:30 9:00 p.m. Further blank on 06/07/202 administration of 26 blank on 06/12/202 administration of 26 blank on 06/12/202 administration of 26 01/31/2020 docuministration of 26 01/31/2020 docuministered to (RS 01/31/2020 docuministered to (RS 01/31/2020 docuministration of 26 01/31/2022 docuministration of 26 01/31/2022 docuministered to (RS 01/31/2022 docuministration of 26 01/31/2022 docuministration of 26 01/31/2022 docuministered to (RS 01/31/2022 docuministration of 26 01/31/2020	6/02/2022 at 6:30 a.m., a.m., -6/06/2022 at 6:30 a.m., a.m., 06/11/2022 at 9:00 p.m., a.m., 11:30 a.m., 4:30 p.m., 6/14/2022 at 4:30 p.m., a.m. and at 4:30 p.m., p.m. and on 06/20/2022 at review of the eMAR revealed a 12 at 8:00 p.m. for the 6 units of Lantus and on a 12 at 6:00 a.m. for the 6 units of Lantus e care plan for (R5) dated ented in part, "Focus. Potential for complications of a: Date Initiated: 01/31/2020." as" it documented in part, od sugars) as ordered by er facility protocol. Date	F 65	66			

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	1	(X2) MULTIPLE CONSTRUCTION  A. BUILDING		(X3) DATE SURVEY COMPLETED	
		495226		B. WING		С	
	ROVIDER OR SUPPLIER  NURSING AND REH	ABILITATION CENTER	J. VIII.O	STREET ADDRESS, CITY, STATE, ZIP CO 730 LUNENBURG HIGHW KEYSVILLE, VA 23947	DE	06/23/2022	
(X4) ID PREFIX TAG				X (EACH CORRECTIVE ACTION CROSS-REFERENCED TO THE	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY) (XS) COMPLE		
F 656	reviewing the eMA for (R5) ASM # 2 v ASM # 2 stated that wasn't done.  On 6/22/2022 at 3: conducted with AS member) #2, the dasked to describe care plan, ASM #2 the resident is to be meets their needs, how to transfer or a that the care plan a care for the resident comprehensive can ASM # 2 was asked implemented if the bloods sugars or that the care plan was a care for the resident comprehensive can ASM # 2 was asked implemented if the bloods sugars or that the care plan was a care for the resident comprehensive can ASM # 2, direct consultant and LPM were made aware was a consultant and LPM were made aware was a consultant deficient.  References:  (1) A chronic diseat regulate the amount information was obtained as the same consultant and complete the amount information was obtained as the same consultant and complete the amount information was obtained as the same consultant and complete the amount information was obtained as the same consultant and complete the amount information was obtained as the same consultant and complete the amount information was obtained as the same consultant and complete the amount information was obtained as the same consultant and complete the same consultant and complet	director of nursing. After Rs dated May and June 2022 vas asked about the blanks. at if it wasn't documented it  59 p.m., an interview was M (administrative staff rector of nursing. When the purpose of a resident's stated it's to help identify how e cared for while here which how they communicate, and move. ASM # 2 also stated addresses all the needs of the at. After reviewing (R5's) the plan for diabetes mellitus, d if the care plan was being the was no documented of the amount of insulin ated above. ASM # 2 stated vas not implemented.  Approximately 1:30 p.m., ASM of member) # 1, administrator of nursing, ASM # 4, facility of the findings.  In was provided prior to exit.	F	656			

	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION  A. BUILDING			(X3) DATE SURVEY COMPLETED	
	495226	B. WING _		06	C 3/23/2022	
	BILITATION CENTER		STREET ADDRESS, CITY, STATE, ZIP CODE 730 LUNENBURG HIGHW KEYSVILLE, VA 23947		312022	
SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)		ID PREFIX TAG	(EACH CORRECTIVE ACTION	SHOULD BE	(X5) COMPLETION DATE	
(2) A rapid acting he to improve glycemic with diabetes mellitude obtained from the whittps://dailymed.nlmm?setid=c8ecbd7a	iman insulin analog indicated control in adults and children is. This information was ebsite: Inih.gov/dailymed/drugInfo.cf 0e22-4fc7-a503-faa58c1b6f3f  Iman insulin analog indicated control in adults and children mellitus and in adults with litus. This information was ebsite: Inih.gov/dailymed/drugInfo.cf a134-436e-8c0c-a60dd0006d  ity staff failed to implement care plan for incontinence  the facility with diagnoses are not limited to: Parkinson's llectual disabilities (2),  MDS (minimum data set), and with an ARD (assessment 4/19/2022, the resident of 15 on the BIMS (brief status), indicating the impaired of cognition for ins. Under Section G (R6) was coded as totally aff members for physical use.  DL (activities of daily living)	F6	56			
sheets dated 05/26/	2022 through 06/08/2022					
	Continued From page (2) A rapid acting hu to improve glycemic with diabetes mellitu obtained from the whttps://dailymed.nlmm?setid=c8ecbd7a-  (3) A long-acting hu to improve glycemic with type 1 diabetes type 2 diabetes melliobtained from the whttps://dailymed.nlmm?setid=b861fdd9-6d3.  5. For (R6), the facil the comprehensive care.  (R6) was admitted to that included but we disease (1) and interview for mental resident is severely making daily decision "Functional Status" dependent of two stassistance for toilet.	A95226  ROVIDER OR SUPPLIER  D NURSING AND REHABILITATION CENTER  SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)  Continued From page 49  (2) A rapid acting human insulin analog indicated to improve glycemic control in adults and children with diabetes mellitus. This information was obtained from the website: https://dailymed.nlm.nih.gov/dailymed/drugInfo.cf m?setid=c8ecbd7a-0e22-4fc7-a503-faa58c1b6f3f  (3) A long- acting human insulin analog indicated to improve glycemic control in adults and children with type 1 diabetes mellitus and in adults with type 2 diabetes mellitus. This information was obtained from the website: https://dailymed.nlm.nih.gov/dailymed/drugInfo.cf m?setid=b861fdd9-e134-436e-8c0c-a60dd0006d d3.  5. For (R6), the facility staff failed to implement the comprehensive care plan for incontinence	ROVIDER OR SUPPLIER  D NURSING AND REHABILITATION CENTER  SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY PULL REGULATORY OR LSC IDENTIFYING INFORMATION)  Continued From page 49  (2) A rapid acting human insulin analog indicated to improve glycemic control in adults and children with diabetes mellitus. This information was obtained from the website: https://dailymed.nlm.nih.gov/dailymed/drugInfo.cf m?setid=c8ecbd7a-0e22-4fc7-a503-faa58c1b6f3f  .  (3) A long- acting human insulin analog indicated to improve glycemic control in adults and children with type 1 diabetes mellitus. This information was obtained from the website: https://dailymed.nlm.nih.gov/dailymed/drugInfo.cf m?setid=b861fdd9-e134-436e-8c0c-a60dd0006d d3.  5. For (R6), the facility staff failed to implement the comprehensive care plan for incontinence care.  (R6) was admitted to the facility with diagnoses that included but were not limited to: Parkinson's disease (1) and intellectual disabilities (2),  On the most recent MDS (minimum data set), a quarterly assessment with an ARD (assessment reference date) of 04/19/2022, the resident scored 3 (three) out of 15 on the BIMS (brief interview for mental status), indicating the resident is severely impaired of cognition for making daily decisions. Under Section G "Functional Status" (R6) was coded as totally dependent of two staff members for physical assistance for toilet use.  A review of (R6's) ADL (activities of daily living) sheets dated 05/26/2022 through 06/08/2022	ROVIDER OR SUPPLIER  O NURSING AND REHABILITATION CENTER  SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC. IDENTIFYING INFORMATION)  Continued From page 49 (2) A rapid acting human insulin analog indicated to improve glycemic control in adults and children with diabetes mellitus. This information was obtained from the website: https://dailymed.nlm.nih.gov/dailymed/druglinfo.cf m?setid=D8ext3fid=B8	A BUILDING  A BUILDING  B WING  STREET ADDRESS, CITY, STATE, ZIP CODE  TO LUNENBURG HIGHEN  SUMMARY STATEMENT OF DEPICIENCIES  E(EACH DEPICIENCY MUST BE PRECEDED BY PULL REGULATORY OR LSC IDENTIFYING INFORMATION)  COntinued From page 49  (2) A rapid acting human insulin analog indicated to improve glycemic control in adults and children with diabetes mellitus. This information was obtained from the website: https://dailymed.nlm.nih.gov/dailymed/drugInfo.cf mr/setid=26d-06d-26d-26d-26d-26d-26d-26d-26d-26d-26d-2	

	OF DEFICIENCIES CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION A. BUILDING			TE SURVEY MPLETED
						С
		495226	B. WING	***************************************	(	6/23/2022
	ROVIDER OR SUPPLIER  NURSING AND REH	ABILITATION CENTER		STREET ADDRESS, CITY, STATE, Z 730 LUNENBURG HIGHW KEYSVILLE, VA 23947	IP CODE	
(X4) ID PREFIX TAG	IX (EACH DEFICIENCY MUST BE PRECEDED BY FULL			ID PROVIDER'S PLAN OF CORRECTION PREFIX (EACH CORRECTIVE ACTION SHOULD B TAG CROSS-REFERENCED TO THE APPROPRI DEFICIENCY)		(X5) COMPLETION DATE
F 656	Further review of the evidence that (R6) during the 7-3 shift. The comprehensive 03/13/2020 documed to the evidence of Daily Initiated: 03/13/2020 related to: Cognitive immobility. Date In Parkinson's Disease Under "Intervention TOILETING required Date Initiated: 05/2 incontinent episod cream frequently. Provide assistance Date Initiated: 03/2020 at a interview was concurse) # 2 wounded to they have to we assistant) RN # 2 sis was only day the that they were the (7:00 a.m. to 3:00 there were resident RN # 2 stated yes, incontinence care stated no that they further stated that shift, 3-11 (3:00 p. 1) not provide incontinence could provide the istated that they did th	on 06/04/2022 at 5:28 a.m. he ADL sheets failed to received incontinence care to received in part, "Focus. Living/ Personal Care. Date 20; Urinary incontinence receimpairment, Physical mitiated: 03/13/2020; received Initiated: 03/13/2020." Ins" it documented in part, "NO red. Uses incontinent products. 20/2020; Pericare after each rese with application of barrier Date Initiated: 03/13/2020; rewith ADLs as necessary. In Initiated: 03/13/	F	656		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	1	PLE CONSTRUCTION		(X3) DATE SURVEY COMPLETED	
		/					
		495226	B. WING		06/	23/2022	
	ROVIDER OR SUPPLIER  NURSING AND REF	IABILITATION CENTER		STREET ADDRESS, CITY, STATE, ZIP CODE 730 LUNENBURG HIGHW KEYSVILLE, VA 23947			
(X4) ID PREFIX TAG	(EACH DEFICI	' STATEMENT OF DEFICIENCIES ENCY MUST BE PRECEDED BY FULL OR LSC IDENTIFYING INFORMATION)	ID PROVIDER'S PLAN OF CORRECTION PREFIX (EACH CORRECTIVE ACTION SHOULD BE TAG CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)			(X5) COMPLETION DATE	
F 656	Continued From p	age 51	F 65	56			
	conducted with AS member) #2, the casked to describe care plan, ASM #2 the resident is to be meets their needs how to transfer or that the care plan care for the reside comprehensive ca ASM # 2 was asked implemented if the receiving incontine 2 stated that the care On 06/23/2022 at # 1, administrator regional director of	259 p.m., an interview was all (administrative staff director of nursing. When the purpose of a resident's a stated it's to help identify how be cared for while here which how they communicate, and move. ASM # 2 also stated addresses all the needs of the nt. After reviewing (R6's) are plan for incontinence care, and if the care plan was being are was no documented of (R6) and care on 06/04/2022. ASM # are plan was not implemented.  Approximately 1:30 p.m., ASM and ASM # 2, ASM # 3, folinical services and LPN # 5 redinator, were made aware of					
	No further informa	tion was provided prior to exit.					
	Reference: (1) A type of move information was obstite information was obstite information was obstite information was obstite information was ease. html.  (2) Refers to a group a limited mental adaptive behaviors schedules and roul intellectual disabilities.	ment disorder. This parameter of the metal disorder of the website:  h.gov/medlineplus/parkinsonsdi  up of disorders characterized of the metal disorders of the met					

	OF DEFICIENCIES CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	1	IPLE CONSTRUCTION	0	(3) DATE SURVEY COMPLETED
		405000	D MANG			С
	ROVIDER OR SUPPLIER	495226 IABILITATION CENTER	B. WNG	STREET ADDRESS, CITY, STATE, ZIP COE 730 LUNENBURG HIGHW KEYSVILLE, VA 23947	DE	06/23/2022
(X4) ID PREFIX TAG	X (EACH DEFICIENCY MUST BE PRECEDED BY FULL			ID PROVIDER'S PLAN OF CORRECTION PREFIX (EACH CORRECTIVE ACTION SHOULD BE TAG CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)		
F 656	causes, such as la responsiveness. from the website: https://www.report ctSheet.aspx?csid 6. For (R7), the facomprehensive camedications.  (R7) was admitted that included by not disorder, seizures disease (1) pain, a construction of the most recer quarterly assessm reference date) of scored 15 out of 1 for mental status), cognitively intact for The POS (physicia 05/01/2022 throug documented in pain "Cymbalta Duloxe" (milligrams). Take twice daily for depiction of the pain of the post of the po	palsy, or from nonphysical ack of stimulation and adult This information was obtained .nih.gov/NIHfactsheets/ViewFa =100  cility staff failed to implement re plan for the administration of to the facility with a diagnoses of limited to: major depressive high cholesterol, Sjogren's and muscle spasms.  It MDS (minimum data set), a ent with an ARD (assessment 04/18/2022, the resident 5 on the BIMS (brief interview indicating the resident is or making daily decisions.  In's order sheet) dated th 05/31/2022 for (R7) t:: tine CAP (capsule) 60MG 1 (one) capsule by mouth ression. 02/20/21."  Pelief DRP (drop) Artificial tears. eye three times a day for	F	556		

	OF DEFICIENCIES F CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	1	TIPLE CONSTRUCTION ING		(X3) DATE SURVEY COMPLETED
		495226	B. WING			С
	ROVIDER OR SUPPLIER  NURSING AND REHA	ABILITATION CENTER	S. VIIING	STREET ADDRESS, CITY, STATE, ZIP ( 730 LUNENBURG HIGHW KEYSVILLE, VA 23947	CODE	06/23/2022
(X4) ID PREFIX TAG				ID PROVIDER'S PLAN OF CORRECTION PREFIX (EACH CORRECTIVE ACTION SHOULD BE TAG CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)		
F 656	hemiplegia. Date In Administer medicat Initiated: 07/23/201 fractures; hx (histor progress; Date Initipain medication as effectiveness. Date Pain/discomfort, Ac (bilateral) eye dryne 11/24/2020, Adminiper MD orders and Initiated: 11/24/202due to diagnosis depression anti-dep 07/23/2019, Adminiphysician's orders.  The eMAR for (R7) the physician's order of the eMAR reveal 4:00 p.m. for the ac 05/04/2022, on 05/3 administration of Vi The eMAR reveal 4:00 p.m. for the ac 06/07/2022, 06/12/206/18/2022 at 6:00 Visine eye relief and for the administration of (R according to the control of the eman for the administration of (R according to the eman for the administration of (R according to the eman for the administration of (R according to the eman for the administration of (R according to the eman for the administration of (R according to the eman for the administration of (R according to the eman for the administration of (R according to the eman for the administration of (R according to the eman for the administration of (R according to the eman for the administration of (R according to the eman for the according to the eman for the administration of (R according to the eman for the eman for the according to the eman for	dence, depression, CVA, left initiated: 07/23/2019, ion as per MD orders. Date 9; Osteoarthritis: At risk for y) of fractures due to disease ated: 02/11/2020, Administer per MD orders and note the elinitiated: 04/23/2021; Actual aute/Chronic related to (bil) less. Date Initiated: ster eye drop medication as note the effectiveness. Date 0; Use of psychotropic drugs of: decline mood/ behavior, oressant. Date Initiated: ster medications per Date Initiated: 12/13/2019."  Idated May 2022 documented less as stated above. Review led blanks on 05/03/2022 at liministration of Cymbalta on 80/2022 at 8:00 p.m. for the sine eye relief.  Idated June 2022 documented less as stated above. Review led blanks on 06/07/2022 at liministration of Cymbalta on 2022, 06/15/2022 and on a.m. for the administration of don 06/14/2022 at 8:00 p.m.	F	656		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION A. BUILDING		ONSTRUCTION	(X3) DATE SURVEY COMPLETED	
		495226	B. WING				C
	ROVIDER OR SUPPLIER  NURSING AND REF	ABILITATION CENTER	1	730	EET ADDRESS, CITY, STATE, ZIP CODE  LUNENBURG HIGHW  /SVILLE, VA 23947		6/23/2022
(X4) ID PREFIX TAG	(EACH DEFICIE	/ STATEMENT OF DEFICIENCIES ENCY MUST BE PRECEDED BY FULL OR LSC IDENTIFYING INFORMATION)	ID PREFI TAG	- 1	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD CROSS-REFERENCED TO THE APPROVIDERICIENCY)	D BE	(X5) COMPLETION DATE
F 656	conducted with AS member) #2, the dasked to describe care plan, ASM #2 the resident is to be meets their needs how to transfer or that the care plan care for the reside comprehensive cathe care plan was administration of CASM # 2 stated the implemented.  On 06/23/2022 at interview was constaff member) # 2, reviewing the eMA for (R7) ASM # 2 stated the wasn't done.  On 06/23/2022 at (administrative state and ASM # 2, direct regional director of traveling MDS cootthe findings.	259 p.m., an interview was a M (administrative staff lirector of nursing. When the purpose of a resident's a stated it's to help identify how be cared for while here which how they communicate, and move. ASM # 2 also stated addresses all the needs of the nt. After reviewing (R7's) are plan, ASM # 2 was asked if being implemented for the cymbalta, Visine and Naproxen. The care plan was not approximately 8:56 a.m., an ducted with ASM (administrative director of nursing. After Rs dated May and June 202 was asked about the blanks. The if it wasn't documented it approximately 1:30 p.m., ASM ff member) # 1, administrator ctor of nursing, ASM # 3, of clinical services and LPN # 5 redinator, were made aware of the care provided prior to exit.	F	656			
	References:	e disorder in which the glands					

CENTER	S FOR MEDICARE &	MEDICAID SERVICES			OMB NC	0. 0938-0391
	OF DEFICIENCIES CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	1	PLE CONSTRUCTION  G	(X3) DATE COMP	SURVEY PLETED
		495226	B. WING _		1	C <b>23/2022</b>
	ROVIDER OR SUPPLIER  NURSING AND REHAB	ILITATION CENTER		STREET ADDRESS, CITY, STATE, ZIP CODE 730 LUNENBURG HIGHW KEYSVILLE, VA 23947		
(X4) ID PREFIX TAG	(EACH DEFICIENC)	ATEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PROVIDER'S PLAN OF CO PREFIX (EACH CORRECTIVE ACTIO TAG CROSS-REFERENCED TO THE DEFICIENCY)		SHOULD BE COM	
F 658 SS=D	causes dry mouth and may affect other parts kidneys and lungs. Tobtained from the well https://medlineplus.go ~:text=Sj%C3%B6gre n%20autoimmune,ind20and%20lungs.  (2) Used to treat deprogeneralized anxiety dwas obtained from the https://medlineplus.go tml.  (3) Used to relieve pa and stiffness caused linformation was obtain https://medlineplus.go tml.  Services Provided Med CFR(s): 483.21(b)(3) Compre The services provided as outlined by the commust-	d saliva are destroyed. This d dry eyes. The condition of the body, including the his information was osite:  ov/ency/article/000456.htm#: en%20syndrome%20is%20a cluding%20the%20kidneys%  dession in adults and isorder. This information website: ov/druginfo/meds/a604030.h  in, tenderness, swelling, oy osteoarthritis. This ned from the website: ov/druginfo/meds/a681029.h  eet Professional Standards i)  ehensive Care Plans d or arranged by the facility, inprehensive care plan,	F 6		cale for ation	7/22/22
	by: Based on staff intervireview, clinical record a complaint investigate facility staff failed to complaint investigate fai	ew, facility document, review and in the course of ion, it was determined the larify a physician order for one of nine residents in		identify any order without clear para for notification of physician with ele blood sugars. The DON will addres concerns identified during the audit but not limited to assessment of the notification of the physician for clari orders and education of the staff. A be completed 6/24/22.	ameters vated s all to include resident, fication of	

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	1 ` '		CONSTRUCTION	(X3) DATE COMP	SURVEY LETED
				-	The state of the s	(	
		495226	B. WING			06/	23/2022
	ROVIDER OR SUPPLIER  NURSING AND REHAB			73	TREET ADDRESS, CITY, STATE, ZIP CODE 80 LUNENBURG HIGHW EYSVILLE, VA 23947		
(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 CORRECTION (EACH CORRECTIVE ACTION SHOULD BI CROSS-REFERENCED TO THE APPROPRIA DEFICIENCY)		(X5) COMPLETION DATE
F 658	for when the blood suprescribed parameter  Resident #1 (R1) had the most recent MDS assessment, a quarte assessment reference resident scored a "12 interview for mental s resident is moderately making daily decision Medications the resid insulin seven days of  The physician order of documented, "Novolo treat diabetes) (1) 100 inject as per SS (slidii (subcutaneously) befor [blood sugar] 200 - 25 units; 301 - 350 = 8 u Discard 28 days after  The May 2022 MAR ( record) documented to following dates and til documented and the not given documented 5/2/2022 at 4:30 p.m. 10 units given 5/4/2022 at 9:00 p.m. insulin given 5/14/2022 at 4:30 p.m. 5/19/2022 at 4:30 p.m. 5/19/2022 at 4:30 p.m.	It to clarify a physician order agars were outside of the stor (R1).  If a diagnosis of diabetes. On (minimum data set) or a date of 3/13/2022, the order of the status of	F	658	On 6/23/22, the Assistant Director of Nursing, initiated an in-service with all nurses regarding Following Physician Orders the emphasis on ensuring medication administered per physician orders to but not limited to sliding scale insulin documentation on MAR of administra and/or notification of the physician who medication not administered for further recommendations and on ensuring physician orders to include but not limorders for sliding scale insulin clearly defines parameters for administration include dose, route, frequency, and with physician should be notified if indicate Service will be completed by 6/30/22. 6/30/22, any newly hired nurses will be serviced during orientation regarding Following Physician Orders.  The Administrative nurses to include Assistant Director of Nursing, (ADON) Treatment Nurse and Minimum Data nurse (MDS) will review MARs weekly weeks then monthly x 1 utilizing the Forder Audit Tool. This audit is to ension orders clearly define parameters for administering sliding scale insulin for stick blood sugars (FSBS) to include limited to when FSBS >400 and when does not list parameters for notification the physician. The Director of Nursin review the MAR Audit Tool weekly x weeks then monthly x 1 month to ension concerns were addressed.	is are include with tion, nen er nited to to when ed. In-After pe in-the set y x 4 FSBS per all finger but not norder on of g will 4	

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:			CONSTRUCTION	(X3) DATE SURVEY COMPLETED	
			7.1. 33.1.3			(	c
		495226	B. WING_			06/	23/2022
	ROVIDER OR SUPPLIER  D NURSING AND REHA	ABILITATION CENTER		STREET ADDRESS, CITY, STATE, ZIP CODE 730 LUNENBURG HIGHW KEYSVILLE, VA 23947			
(X4) ID PREFIX TAG	X (EACH DEFICIENCY MUST BE PRECEDED BY FULL		ID PREFI) TAG	PREFIX (EACH CORRECTIVE ACTION SHOULD I		_	(X5) COMPLETION DATE
F 658	The June 2022 MAI order for Novolog Ir and times, the blood the amount of insulid documented: 6/8/2022 at 4:30 p.r 6/17/2022 at 11:30 given 6/18/2022 at 9:00 p. Review of the nursed documentation that physician to obtain above 400.  The comprehensive and reviewed on 3/17 "Focus: Diabetes M complications of hynon-compliant with regimen." The "Interpart, "FSBS (finger by physician and/or Medication as order An interview was conformed as order as well as a seed to review the insulin. When asked to review the insulin. When asked if the own asked if	R documented the above asulin. On the following dates of sugar is documented and in given or not given  m BS - 415 - 10 units given a.m BS - 509 - 10 units  m BS - 489 - 10 units given  a.m BS - 415 - 10 units  a.m BS - 489 - 10 units  a.m	F	658	The Director of Nursing will present the findings of the FSBS Order Audit Tool Executive Quality Assurance Improver (QAPI) Committee for 2 months. The Executive QAPI Committee will meet monthly x 2 months and review the FS Order Audit Tool to determine trends a issues that may need further intervent into place and to determine the need of further frequency of monitoring.	to the ment  BBS and/or ion put	

	OF DEFICIENCIES F CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:		PLE CONSTRUCTION		E SURVEY PLETED
		495226	B. WING			С
NAME OF P	ROVIDER OR SUPPLIER	433220	I B. WING -	STREET ADDRESS, CITY, STATE, ZIP CODE	] 06	/23/2022
	NURSING AND REHAB	ILITATION CENTER		730 LUNENBURG HIGHW KEYSVILLE, VA 23947		:
(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 CORR (EACH CORRECTIVE ACTION SH CROSS-REFERENCED TO THE AP DEFICIENCY)	HOULD BE	(X5) COMPLETION DATE
F 658	competent nursing proclient and members of When you carry out a intervention, it is as members of when you carry out a intervention, it is as members on who wrote or order."  ASM #1, the administ facility consultant, and corporate director, we above concerns on 6, 1:30 p.m.  ASM #2 stated on 6/2	"Clarifying an order is actice, and it protects the of the health care team. In incorrect or inappropriate much your error as the transcribed the original orator, ASM #2, ASM #4, the	F 6	58		
F 684 SS=E	to clarifying physician No further information Complaint deficiency. References: (1) This information w following website: https://medlineplus.gottml. Quality of Care CFR(s): 483.25 § 483.25 Quality of ca Quality of care is a further facility residents. Basic assessment of a residents receive accordance with professor.	are indamental principle that and care provided to ed on the comprehensive lent, the facility must ensure treatment and care in	F 6	On 6/24/22, Director of Nursing initiated an audit of all current nedication administration recorfrom 6/1/22- 6/23/22 to include Resident #2, resident #3, reside resident #7. This audit is to ens medications were administered physician orders to include but sliding scale insulin with docum the MAR of administration, and notification of physician when nadministered for further recomm	esident's rds(MAR) resident #1, nt #5, ure per not limited to entation on redication not nendations.	7/22/22

	OF DEFICIENCIES CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MUL A. BUILDI		CONSTRUCTION	(X3) DATE	SURVEY LETED
		495226	B. WNG				0
NAME OF P	ROVIDER OR SUPPLIER	1 400220	G. VIIIVO	97	FREET ADDRESS, CITY, STATE, ZIP CODE	06/	23/2022
	NURSING AND REHA	BILITATION CENTER		73	60 LUNENBURG HIGHW EYSVILLE, VA 23947		
(X4) ID PREFIX TAG			ID PREFI TAG		PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BI CROSS-REFERENCED TO THE APPROPRIA DEFICIENCY)		(X5) COMPLETION DATE
F 684	care plan, and the restriction to the physician orders documented, "Topan"	esidents' choices. T is not met as evidenced  view, facility document d review, and in the course of ation, the facility staff failed to rvices in accordance with ds of practice and the of care for five of nine ey sample, Residents #1, #2,  salied to administer Levemir, to, Topamax, and Novolog #1 (R1).  s a diagnosis of diabetes. On S (minimum data set) erly assessment with an ce date of 3/13/2022, the 2" on the BIMS (brief status) score, indicating the ely cognitively impaired for ns. In Section N - dent was coded as receiving f the look-back period.	F	684	during the audit to include assessment resident, notification of the physician for further recommendations and/or educathe nurse. This audit will be completed 6/30//22.  On 6/24/22, the DON initiated an audit finger stick blood sugars (FSBS) orders audit was to ensure FSBS were compleper physician orders with documentation MAR, that sliding scale insulin was administered following the physician or and that the physician was notified for FSBS >400. Th DON will address all concerns identified during audit. The audit completed by 6/24/22.  On 6/23/22, the Assistant Director of N initiated an in-service with all nurses regarding Following Physician Orders, the emphasis on ensuring medications administered per physician orders to include to sliding scale insulin with documentation on MAR of administration and/or notification of the physician when medication not administered for further recommendations and on ensuring phyorders to include but not limited to order sliding scale insulin clearly defines parameters for administration to include route, frequency, and when physician she notified if indicated. In-Service will be completed by 6/30/22 After 6/30/22, an newly hired nurses will be in-serviced orientation regarding Following Physician orders.	of all s. This seted on on rders any udit will ursing, with are sclude oith on, ers for e dose, should ee by during dan	
	The physician order documented, "Syma	dine (used to treat h(2) 100 mg cap (capsule) outh twice daily."			The Administrative nurses to include the Assistant Director of Nursing, (ADON) Treatment Nurse and Minimum Data Sourse (MDS) will review MARs weekly weeks then monthly x 1 utilizing the Mandit Tool. This audit is to ensure	et x 4	

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION A. BUILDING			(X3) DATE SURVEY COMPLETED	
			7. BOILD		And the second s	, ا	C
		495226	B. WING			1	23/2022
	ROVIDER OR SUPPLIER  NURSING AND REHA	BILITATION CENTER		73	TREET ADDRESS, CITY, STATE, ZIP CODE 30 LUNENBURG HIGHW EYSVILLE, VA 23947		
(X4) ID PREFIX TAG	(EACH DEFICIEN	TATEMENT OF DEFICIENCIES CY MUST BE PRECEDED BY FULL LSC IDENTIFYING INFORMATION)	ID PREF TAG	3	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD B CROSS-REFERENCED TO THE APPROPRI DEFICIENCY)		(X5) COMPLETION DATE
F 684	and high blood press twice daily for hyper than 60."  The physician order documented, "Lasix pressure and fluid reby mouth twice daily The physician order documented, "Insulir (used to treat diabet (subcutaneous) ever The physician order documented, " Insulir inject as per SS (slid meals and at bedtim 300 = 6 units; 301 - 3 units."  The physician order documented, "Pepcing 20 mg; take 1 tablet.  The May and June 2 administration record orders.  The May 2022 MAR documentation of the	u (used to treat heart failure sure) 6.25 mg; 1 by mouth tension. Hold if pulse less dated, 2/17/2022 (used to treat high blood stention) 40 mg; take 1 tablet for fluid overload." dated, 12/15/2021 a Detemir - Levemir Injection es); inject 20 units sub - Q y night at bedtime." dated, 8/13/2021 an Aspart - Novolog injection; sing scale) sub Q before e 200 - 250 = 4 units, 251 - 350 = 8 units; 351 - 400 = 10 dated, 6/16/2021 dd (used to treat acid reflux) by mouth twice daily."  022 MAR (medication dd) documented the above	F	684	medications to include but not limited sliding scale insulin was administered physician orders. The Assistant Direct Nursing, (ADON) Treatment Nurse and Minimum Data Set nurse (MDS) will all concerns identified during audit to assessment of the resident, notification the physician, and re-training of staff. Director of Nursing will review the MA Audit Tool weekly x 4 weeks then mode 1 month to ensure all concerns were addressed.  The Director of Nursing will present the findings of the MAR Audit to the Execution QAPI Committee will meet monthly x months and review the MAR Audit to determine trends and/or issues that in need further intervention put into place to determine the need for further frequent for monitoring.	per tor of d address include on of The IR inthly x ine eutive Pl) ive 2 nay e and	
	prescribed times, the blank: Topamax 50 mg - the 5/18/2022, 5/19/202: Symadine 100 mg - 5/23/2022 and 5/25/5/3/2022, 5/11/2022,	2, 5/20/2022 and 5/24/2022. the 9:00 a.m. dose on 2022; the 8:00 p.m. dose on					
	and 5/25/2022.	0.00 p.m. dose on 5/17/2022.					

	OF DEFICIENCIES CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION  A. BUILDING		(X3) DATE SURVEY COMPLETED		
							С
		495226	B. WING	B. WING		06/23/2022	
	ROVIDER OR SUPPLIER  NURSING AND REHAB	ILITATION CENTER		STREET ADDRESS, CITY, STATE, ZIP 730 LUNENBURG HIGHW KEYSVILLE, VA 23947			
(X4) ID PREFIX TAG	(EACH DEFICIENC	ATEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL LSC IDENTIFYING INFORMATION)	ID PREF TAG		PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD B CROSS-REFERENCED TO THE APPROPRI DEFICIENCY)		(X5) COMPLETION DATE
F 684	5/11/2022 and 5/13/2 Novolog Insulin - the and 5/5/2022.  The June 2022 MAR documentation of the having been administ prescribed times, the blank: Coreg 6.25 mg - the 8 Lasix 40 mg - the 4:0 Levemir Insulin - The 6/3/2022, 6/5/2022, 6 Novolog Insulin - the 6/12/2022 and 6/15/2 The Blood Sugar Sun blood sugars: 6/6/2022 at 6:30 a.m. 6/15/2022 at 6:30 a.m. 6/15/2022 at 6:30 a.m. 6/15/2022 at 6:30 a.m. Review of the nurse's 2022 failed to evidence medications were not the following:	failed to evidence the following medications ered at the documented squares on the MAR were 3:00 p.m. dose on 6/15/2022 00 p.m. dose on 6/15/2022 00 p.m. dose on 6/15/2022 00 p.m. dose on 6/13/2022 8:00 p.m. dose on 6/13/2022 8:00 p.m. dose on 6/13/2022 8:00 p.m. dose on 6/6/2022, and 6/14/2022, and 6/14/	F	684	DEFIGIENCY)		
	functioning characteric judgment, decision m related to hx (history Parkinson's." "7/6/2018 - Focus: Po	ized by deficit in memory, aking and thought process of) traumatic brain injury, otential for fluid volume s." The "Interventions"					

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION  A. BUILDING			(X3) DATE SURVEY COMPLETED		
		495226	B. WING				C	
NAME OF P	ROVIDER OR SUPPLIER	433220	10.1	STI	REET ADDRESS, CITY, STATE, ZIP CODE	06/23/2022		
WAYLAND	NURSING AND REHAE	BILITATION CENTER			) LUNENBURG HIGHW EYSVILLE, VA 23947			
(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 CORRECTION (EACH CORRECTIVE ACTION SHOULD BI CROSS-REFERENCED TO THE APPROPRIA DEFICIENCY)		(X5) COMPLETION DATE	
F 684	ordered by the physic "3/25/2019 - Focus: I excess due to: CHF The "Interventions" d "Administer medicatifor resident's respons "3/25/2019 - Focus: I complications of rena disease, and/or retine documented in part, ordered and monitor "10/30/2015 - Focus: potential for complications of the "Interventions" d "Administer medication physician." "3/17/2022 - Focus: If for complications of the Resident is non-complications of the Resident is non-complications of the Resident is non-complication."  "documented in part, sugar) as ordered by protocol. Medication  An interview was compractical nurse) #1 of When asked what a lindicative of, LPN #1 you didn't do it, but in didn't sign it off. When does someone know stated, "You don't know the lanks on the lanks of the lanks on the lanks on the lanks on the lanks on the lanks of the lank	"Administer medications as cian."  Potential for fluid volume (congestive heart failure)." ocumented in part, ons as ordered and observe se to therapy." Hypertension: at risk for all failure, arteriosclerotic opathy." The "Interventions" Administer medications as for potential side effects." (R1) has seizure disorder ations; potential for injury." ocumented in part, ons as ordered by the Diabetes Mellitus: Potential hyper/hypoglycemia; obliant with diet and/or The "Interventions" FSBS (finger stick blood physician and/or per facility as ordered by the physician." Inducted with LPN (licensed in 6/22/2022 at 3:16 p.m. oblank on the MAR is stated if it's not documented in the real world someone en asked if it's blank how it was given or not, LPN #1 ow."	F	684				

	ATEMENT OF DEFICIENCIES  O PLAN OF CORRECTION  (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:		1		NSTRUCTION	(X3) DATE SURVEY COMPLETED	
		495226	B. WING	B. WNG		C 06/23/2022	
NAME OF P	ROVIDER OR SUPPLIER			STREE	ET ADDRESS, CITY, STATE, ZIP CODE	06/	23/2022
WAYLAND	NURSING AND REHAB	ILITATION CENTER			UNENBURG HIGHW SVILLE, VA 23947		
(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 CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIA DEFICIENCY)	1	(X5) COMPLETION DATE
F 684	it, the nurse didn't sig (medication) pass. The documented it wasn't An interview was concended above were not documented. If it was say it wasn't done."  The facility policy, "Medocumented in part, "following principles she medication error: 1. The Administration of the aright dose. 4. By the method. 6. At the right deviations from the attreported to the Super Supervisor shall initiate which shall be submit Nursing."  When asked what the facility follows, ASM #1, the administration, we administration of the aright dose. Ashed what the facility follows, ASM # stated they initially following the physician ASM #1, the administration of the aright dose. The supervisor shall initiate which shall be submit Nursing."	te than likely, the logistics of in it off during her med be golden rule is if it's not done."  ducted with ASM #3, the 23/2022. When discussing Rs where medications mented as given, ASM #3 me, it should have been so't documented we always redication Administration. Any deviation from the hall be considered a so the right resident. 2. right medication. 3. In the light route. 5. By the right time. All recognized pove principles shall be visor, immediately. The te a Medication Error Report ted to the Director of the professional standard the 14, the facility consultant, low their policies by a dash #5, the clinical	F6	584			
	No further information	was obtained prior to exit.					

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE ( A. BUILDING	MULTIPLE CONSTRUCTION ILDING		(X3) DATE SURVEY COMPLETED	
		495226	B. WING		ı	C (23/2022	
	ROVIDER OR SUPPLIER  NURSING AND REHA	ABILITATION CENTER	730	REET ADDRESS, CITY, STATE, ZIP CODE  LUNENBURG HIGHW  SYSVILLE, VA 23947	06/23/2022		
(X4) ID PREFIX TAG	(EACH DEFICIE	STATEMENT OF DEFICIENCIES NCY MUST BE PRECEDED BY FULL R 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	following website: https://medlineplus tml (2) This information following website: https://medlineplus tml (3) This information following website: https://medlineplus tml (4) This information following website: https://medlineplus tml (5) This information following website: https://medlineplus tml (6) This information following website: https://medlineplus tml (6) This information following website: https://medlineplus tml (7) This information following website:		F 684				
	Risperdal, Senna F Keppra, Neurontin, the physician order On the most recent	failed to administered flus, Xenazine, Naphcon - A, Bisacodyl, Cholecalciferol per s for Resident #2 (R2).  MDS (minimum data set) rterly assessment, with an					

CENTER	S FOR MEDICARE &	MEDICAID SERVICES				OMB	NO. 0938-0391
	ATEMENT OF DEFICIENCIES  D PLAN OF CORRECTION  (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:		(X2) MUL A. BUILD		ONSTRUCTION	(X3) D	ATE SURVEY OMPLETED
		495226	B. WING			C 06/23/202	
NAME OF P	ROVIDER OR SUPPLIER	<u> </u>		STR	EET ADDRESS, CITY, STATE, ZIP CODE		00/23/2022
WAYLAND	NURSING AND REHAB	ILITATION CENTER			LUNENBURG HIGHW		
	1			KEYSVILLE, VA 23947			
(X4) ID PREFIX TAG	(EACH DEFICIENC	ATEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREF TAG		PROVIDER'S PLAN OF COF (EACH CORRECTIVE ACTION CROSS-REFERENCED TO THE / DEFICIENCY)	SHOULD BE	(X5) COMPLETION DATE
F 684	Continued From page	e 65	F	684			
		e date of 4/13/2022, the		004			
		s having both short and long					
		es and being severely					
		cognitive daily decisions.					
	The physician orders	dated, 12/18/2020,					
		dal 0.5 mg (milligrams)					
	(used to treat behavio	or problems such as					
	aggression, self-injury	, and sudden mood					
	changes) (1) - Risperidone Tab (tablet) 0.5 mg						
	once daiy for Hunting						
	The physician order of						
	documented, "Senna	-					
		50 mg take 1 tablet by					
	mouth twice daily for			İ			
	The physician order d						
		ne (used to treat chorea					
		that you cannot control] n's disease) (3) 25 mg tablet,					
		mg by mouth twice a day					
	for Huntington's chore						
	The physician order d						
		on - A solution (used to treat					
		gic Conjunctivitis) (4); instill					
	2 drops into each eye						
	allergies."	•					
	The physician order d	lated, 8/10/2021,					
		ı - Levetiracetam (used in					
		er medications to treat					
		take 7.5 ml (milliliters) (750					
	mg) by mouth twice d						
	The physician order d						
	documented, "Neuron						
		ke 1 capsule by mouth three					
	times a day for seizur						
	The physician order d	dal 0.5 mg - take 2 tablets =					
	1 mg by mouth at bed						
	chorea."	iano ioi riantingtons					

CENTERS FOR MEDICARE & MEDICAID SERVICES

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION  (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:		1 ' '	(X2) MULTIPLE CONSTRUCTION A. BUILDING			(X3) DATE SURVEY COMPLETED			
		495226	B. WING			C 06/23/2022			
	ROVIDER OR SUPPLIER  NURSING AND REH	ABILITATION CENTER		73	TREET ADDRESS, CITY, STATE, ZIP CODE  30 LUNENBURG HIGHW  EYSVILLE, VA 23947	1 06/	23/2022		
(X4) ID PREFIX TAG	IX (EACH DEFICIENCY MUST BE PRECEDED BY FULL		(EACH DEFICIENCY MUST BE PRECEDED BY FULL		ID PREF TAG		PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)		(X5) COMPLETION DATE
F 684	documented, "Cho D3 50,000 (Vitamin calcium. Calcium is blocks of bone. A I bone diseases sud Vitamin D also has and immune system capsule by mouth deficiency."  The May 2022 and the above orders.  The May 2022 MA documentation of the having been admin prescribed times, the blank.  Risperdal 0.5 mg - 5/6/2022 Senna Plus 8.5-50 5/28/2022 Xenazine 25 mg deficiency and the side of the side	er dated, 6/21/2021, lecalciferol 50,000 - Vitamin in D helps your body absorb is one of the main building ack of vitamin D can lead to the as osteoporosis or rickets. In a role in your nerve, muscle, ms.) (7) units cap take 1 every week for Vitamin - D  June 2022 MAR documented  R failed to evidence the the following medications distered at the documented the squares on the MAR were the 6:00 a.m. dose on mg -the 4:00 p.m. dose on cose - the 4:00 p.m. on cose - the 4:00 p.m. on cose - the 8:00 a.m. and 4:00 p.m. dose on 5/3/2022 the 8:00 p.m. dose on 5/3/2022 the 12:00 a.m. dose on cose - the 12:00 a.m. dose on cose on cos	F	6684					

PRINTED: 07/01/2022 FORM APPROVED OMB NO. 0938-0391

**CENTERS FOR MEDICARE & MEDICAID SERVICES** STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA (X2) MULTIPLE CONSTRUCTION (X3) DATE SURVEY AND PLAN OF CORRECTION IDENTIFICATION NUMBER: COMPLETED A. BUILDING C 495226 B. WNG 06/23/2022 NAME OF PROVIDER OR SUPPLIER STREET ADDRESS, CITY, STATE, ZIP CODE 730 LUNENBURG HIGHW WAYLAND NURSING AND REHABILITATION CENTER KEYSVILLE, VA 23947 SUMMARY STATEMENT OF DEFICIENCIES PROVIDER'S PLAN OF CORRECTION (X4) ID (X5) PREFIX COMPLETION DATE **PREFIX** (EACH DEFICIENCY MUST BE PRECEDED BY FULL (EACH CORRECTIVE ACTION SHOULD BE TAG REGULATORY OR LSC IDENTIFYING INFORMATION) TAG CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY) F 684 Continued From page 67 F 684 Xenazine 25 mg - the 4:00 p.m. dose on 6/14/2022 and 6/21/2022 Naphcon A - the 4:00 p.m. dose on 6/21/2022 Keppra - the 4:00 p.m. dose on 6/13/2022 Neurontin 300 mg - the 8:00 p.m. dose on 6/5/2022 and 6/7/2022 Cholecalciferol 50,000 units - the 8:00 a.m. dose on 6/21/2022. Review of the nurse's notes for May and June 2022 failed to evidence documentation as to why the medications were not administered. The comprehensive care plan documented in part, the following: "12/26/2013 - Focus: Problematic manner in which resident acts characterized by ineffective coping: Agitation/combativeness related to: cognitive impairment, impaired reasoning skills. D/T (due to) dementia, R/T (related to) Huntington's chorea." The "Interventions" documented in part, "Give medications as prescribed by MD (medical doctor)." "4/12/2019 - Focus: Huntington's Chorea." The "Interventions" documented in part, "Medications to control involuntary movements as directed." "2/14/2019 - Focus: Huntington's chorea (R2) is at risk for impaired chewing and swallowing, uncontrolled movements or extremities, trunk and face, dementia." The "Interventions" documented in part, "Medications as ordered. Monitor bowel elimination for adequate functioning and notify physician of significant changes." "11/9/2015 - Focus: (R2) takes psychotropic medications daily." The "Interventions" documented in part, "Administer medications per physician's order." "9/26/2015 - Focus: (R2) has seizure disorder and at risk for potential for complications and

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	1	PLE CONSTRUCTION IG	(X3) DATE	SURVEY PLETED
						С
		495226	B. WING _		06	/23/2022
	ROVIDER OR SUPPLIER  NURSING AND REHA	BILITATION CENTER		STREET ADDRESS, CITY, STATE, ZIP CODE 730 LUNENBURG HIGHW KEYSVILLE, VA 23947		
(X4) ID PREFIX TAG	FIX (EACH DEFICIENCY MUST BE PRECEDED BY FULL		ID PROVIDER'S PLAN OF COR PREFIX (EACH CORRECTIVE ACTION TAG CROSS-REFERENCED TO THE A DEFICIENCY)		D BE	(X5) COMPLETION DATE
F 684	Continued From paginjury."  An interview was copractical nurse) #1 of When asked what a indicative of, LPN #1 you didn't do it, but i didn't sign it off. Who does someone know stated, "you don't know the concent of the continuation of the continu	nducted with LPN (licensed on 6/22/2022 at 3:16 p.m. blank on the MAR is I stated if it's not documented in the real world someone en asked if it's blank how it was given or not, LPN #1 row."  Inducted with ASM member) #2, the director of 22 at 3:59 p.m. When asked he MAR mean, ASM #2 rition) it was not given. ASM fore than likely, the logistics of gn it off during her med rite golden rule is if it's not it done."  Strator, ASM #2, ASM #4, the rid ASM #5, the clinical vere made aware of the 3/23/2022 at approximately on was obtained prior to exit.	F 6	DEFICIENCY)		
	<ul><li>(1) This information following website: https://medlineplus.gtml</li><li>(2) This information following</li></ul>	was obtained from the gov/druginfo/meds/a694015.h was obtained from the ineplus.gov/druginfo/meds/a6				

STATEMENT OF DEFICIENCIES (X AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:		(X2) MULTIPLE CONSTRUCTION  A. BUILDING			(X3) DATE SURVEY COMPLETED	
							С	
		495226	B. WING			06/	23/2022	
	ROVIDER OR SUPPLIER  NURSING AND REHA	ABILITATION CENTER		730 LUNE	DDRESS, CITY, STATE, ZIP CODE INBURG HIGHW LLE, VA 23947			
(X4) ID PREFIX TAG	(EACH DEFICIEN	STATEMENT OF DEFICIENCIES NCY MUST BE PRECEDED BY FULL R LSC IDENTIFYING INFORMATION)	ID PREFI TAG		PROVIDER'S PLAN OF CORRECTIO (EACH CORRECTIVE ACTION SHOULD CROSS-REFERENCED TO THE APPROP DEFICIENCY)	BE	(X5) COMPLETION DATE	
F 684	following website: https://medlineplus.tml (4) This information following website: https://www.rxlist.co (5) This information following website: https://medlineplus.tml (6) This information following website: https://medlineplus.tml (7) This information following website: https://medlineplus.tml (7) This information following website: https://medlineplus. 3. The facility staff f Multivitamin, Plavix per the physician or On the most recent assessment, a quar assessment referencesident was coded term memory difficult independent in make The physician order documented, "Centre (nutritional supplem mouth once daily fo The physician order documented, "Plavit to prevent serious of	was obtained from the gov/druginfo/meds/a618009.h  was obtained from the om/naphcon-a-drug.htm was obtained from the gov/druginfo/meds/a699059.h  was obtained from the gov/druginfo/meds/a699059.h  was obtained from the gov/vitamind.html ailed to administer Centrum and Tylenol to Resident #3 ders.  MDS (minimum data set) terly assessment, with an ice date of 6/1/2022, the as not having short or long lities and was coded as being ing daily cognitive decisions.  Its dated, 1/17/2013, rum/MVI (multivitamin) ent) (1) - 1 tab (tablet) by r supplement."	F	584				

CENTERS FOR MEDICARE & MEDICAID SERVICES

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	1	TIPLE CONSTRUCTION NG	(>	(X3) DATE SURVEY COMPLETED	
		495226	B. WING			C 06/23/2022	
	ROVIDER OR SUPPLIER  NURSING AND REHA	ABILITATION CENTER		STREET ADDRESS, CITY, STATE, ZIP CO 730 LUNENBURG HIGHW KEYSVILLE, VA 23947	DE .	06/23/2022	
(X4) ID PREFIX TAG	IX (EACH DEFICIENCY MUST BE PRECEDED BY FULL		(EACH DEFICIENCY MUST BE PRECEDED BY FULL PREFIX (EACH CORRECTIVE ACTION SH			(X5) COMPLETION DATE	
F 684	pain.) (2)75 mg (mi once daily for CVA stroke)/ hypertensic The physician order documented, "Tyler (3) 325 mg tablet, 2 arthritis pain."  The May and June administration recorders.  The May 2022 MAR documentation of the having been administration prescribed times, the blank:  Centrum - the 9:00 Plavix 75 mg - the 9:0	heart attack, or severe chest illigrams) tablet, 1 by mouth (cerebral vascular accident - on."  r dated, 4/5/2008, nol (used to treat pain or fever) atablet by mouth twice daily for 2022 MAR (medication rd) documented the above  R failed to evidence the ne following medications istered at the documented ne squares on the MAR were  a.m. dose on 5/29/2022  9:00 a.m. dose on 5/29/2022  R failed to evidence the ne following medications istered at the documented ne squares on the MAR were  a.m. dose on 6/129/2022  R failed to evidence the ne following medications istered at the documented ne squares on the MAR were  a.m. dose on 6/11/2022, 22, and 6/14/2022  e 5:00 p.m. dose on 6/4/2022  e's notes for May and June ence documentation of why the	F	684			

	TATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:		(X2) MUL1 A. BUILDI		(X3) DATE SURVEY COMPLETED		
		495226	B. WNG	B. WNG		C	
	ROVIDER OR SUPPLIER  D NURSING AND REHAE			73	REET ADDRESS, CITY, STATE, ZIP CODE  O LUNENBURG HIGHW  EYSVILLE, VA 23947	06/	23/2022
(X4) ID PREFIX TAG	(EACH DEFICIENC	TATEMENT OF DEFICIENCIES BY MUST BE PRECEDED BY FULL LSC IDENTIFYING INFORMATION)	ID PREFII TAG	x	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BI CROSS-REFERENCED TO THE APPROPRIA DEFICIENCY)		(X5) COMPLETION DATE
F 684	doctor) orders and not "3/6/2018 - Focus: Si for less than body red on a therapeutic diet, altered diet, leaves 2 at most meals, decree "Interventions" docur Supplements as orde 4/10/2017 - Focus: PRT (related to) recei "Interventions" docur medications as order An interview was compractical nurse) #1 or When asked what a lindicative of, LPN #1 you didn't do it, but in didn't sign it off. Whe does someone know stated, "You don't know the blanks on the stated it (the medicat #2 further stated, mo it, the nurse didn't sign (medication) pass. The documented it wasn't ASM #1, the adminis facility consultant, an corporate director, we	dications as per MD (medical obte the effectiveness." tate of nourishment; potential quirements related to being a being on mechanically 5% or more on food uneaten assed appetite." The mented in part, "Provide ered." otential for bleeding/bruising ving aspirin and plavix." The mented in part, "Administer end by the physician."  Inducted with LPN (licensed of 6/22/2022 at 3:16 p.m. olank on the MAR is stated if it's not documented on the real world someone en asked if it's blank how it was given or not, LPN #1 ow."  Inducted with ASM member) #2, the director of 2 at 3:59 p.m. When asked the MAR mean, ASM #2 ion) it was not given. ASM re than likely, the logistics of an it off during her med ne golden rule is if it's not	F	684			

	OF DEFICIENCIES CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:		TIPLE CONSTRUCTION NG		E SURVEY PLETED
		495226	B. WING		0.6	C 5/23/2022
	NURSING AND REHA	ABILITATION CENTER		STREET ADDRESS, CITY, STATE, ZI 730 LUNENBURG HIGHW KEYSVILLE, VA 23947	····	12312022
(X4) ID PREFIX TAG	(EACH DEFICIE	STATEMENT OF DEFICIENCIES NCY MUST BE PRECEDED BY FULL R LSC IDENTIFYING INFORMATION)	ID PREFI TAG	•	ACTION SHOULD BE TO THE APPROPRIATE	(X5) COMPLETION DATE
F 684	References: (1) This information following website: https://www.empr.co. (2) This information following website: https://medlineplus.tml (3) This information following website: https://medlineplus.tml 4. The facility staff blood sugar and/or administered. (R5) was admitted that included by no diabetes mellitus (1) On the most recent quarterly assessmereference date) of conductively intact fo Section N0350 "Ins seven insulin inject The POS (physicial 05/01/2022 through	ion was obtained prior to exit.  cy.  n was obtained from the  com/drug/centrum/ n was obtained from the  gov/druginfo/meds/a601040.h  n was obtained from the  gov/druginfo/meds/a681004.h  failed to obtain Resident #5's the amount of insulin  to the facility with a diagnoses t limited to: type 2 (two)	F	684		

	OF DEFICIENCIES F CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:		TIPLE CONSTRUCTION ING	(	X3) DATE SURVEY COMPLETED
		495226	B. WING			C <b>06/23/2022</b>
	ROVIDER OR SUPPLIER  NURSING AND REHAL	BILITATION CENTER		STREET ADDRESS, CITY, STATE, ZIP 730 LUNENBURG HIGHW KEYSVILLE, VA 23947	CODE	00/20/2022
(X4) ID PREFIX TAG	(EACH DEFICIENC	FATEMENT OF DEFICIENCIES OF MUST BE PRECEDED BY FULL LSC IDENTIFYING INFORMATION)	ID PREFI TAG		TION SHOULD BE THE APPROPRIAT	(X5) COMPLETION DATE
F 684	than) 450 or < (lees doctor). Accuchecks bedtime. 01/5/2022: "Lantus (3) INJ 100/M (subcutaneous - ben for glucose (sugar) of "Lantus INJ 100/ML. morning for glucose  The eMAR (electroning record) for (R5) date the same physician's Review of the eMAR blood sugars on 05/105/28/2022 at 4:30 pthe amount of insulinat 11:30 a.m., 05/23/05/24/2022 at 9:00 pa.m. and on 05/28/20 pa.m. and on 05/28/20 pthe eMAR 05/04/2022 at 8:00 pthe same physician's Review of the eMAR blood sugars on 06/06/08/2022 at 6:30 at 06/14/2022 at 4:30 pthe eMAR 05/03/2022 at 6:30 at 06/08/2022 at 6	ts, 300-349= 4units, 2-450=6 units, > (greater than) 60 call MD (medical to before meals and at "  ML. Inject 15 units sub-Q eath the skin) every evening ontrol. 01/05/2022."  Inject 26 units sub-Q every (sugar) control. 01/05/2022."  c medication administration d "May 2022" documented orders as stated above. failed to evidence (R5's) 9/2022 at 11:30 a.m., and .m. and failed to evidence administered on 05/19/2022 2022 at 6:30 a.m., .m., 05/25/2022 at 11:30 0.22 at 4:30 p.m. Further revealed a blank on .m. for the administration of "June 2022" documented orders as stated above. failed to evidence (R5's)	F	684		

	DF DEFICIENCIES CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	i	PLE CONSTRUCTION G	(X3)	DATE SURVEY COMPLETED
		495226	B. WING			C
	ROVIDER OR SUPPLIER  NURSING AND REHAB	ILITATION CENTER		STREET ADDRESS, CITY, STATE, ZIP CODE 730 LUNENBURG HIGHW KEYSVILLE, VA 23947		06/23/2022
(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 COR (EACH CORRECTIVE ACTION S CROSS-REFERENCED TO THE A DEFICIENCY)	SHOULD BE	(X5) COMPLETION DATE
F 684	9:00 p.m. Further reviblank on 06/07/2022 administration of 26 u a blank on 06/12/2022 administration of 26 u a blank on 06/12/2022 administration of 26 u a blank on 06/12/2022 administration of 26 u The comprehensive of 01/31/2020 document Diabetes Mellitus: Por hyper/hypoglycemia: Under "Interventions" "FSBS (fasting blood physician and/or per finitiated: 01/31/2020. The facility's nurse's rithrough 06/22/2022 fablood sugars and/or tiadministered to (R5) of listed above.  Review of (R5's) EHR revealed a list of blood through 06/22/2022 evidence blood sugar a.m., 05/28/2022 at 4 a.m., 06/08/2022 at 6 p.m., 06/14/2022 at 4 at 4:30 p.m.  On 06/23/2022 at apprinterview was conducted the member of the member of the member) # 2, dir reviewing the eMARs for (R5) ASM # 2 was	14/2022 at 4:30 p.m., m. and at 4:30 p.m., m. and on 06/20/2022 at view of the eMAR revealed a at 8:00 p.m. for the units of Lantus and on 2 at 6:00 a.m. for the units of Lantus tare plan for (R5) dated ted in part, "Focus. tential for complications of Date Initiated: 01/31/2020." it documented in part, sugars) as ordered by facility protocol. Date ' notes dated 05/01/2022 ailed to evidence (R5's)	F 6	84		

	OF DEFICIENCIES CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	1		CONSTRUCTION	(X3) DATE COMP	SURVEY LETED
		495226	B. WING				23/2022
	ROVIDER OR SUPPLIER  NURSING AND REHA	BILITATION CENTER	•	73	TREET ADDRESS, CITY, STATE, ZIP CODE 30 LUNENBURG HIGHW EYSVILLE, VA 23947	1 00/	23/2022
(X4) ID PREFIX TAG	(EACH DEFICIEN	STATEMENT OF DEFICIENCIES CY MUST BE PRECEDED BY FULL R LSC IDENTIFYING INFORMATION)	ID PREFI TAG	x	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD B CROSS-REFERENCED TO THE APPROPRI DEFICIENCY)		(X5) COMPLETION DATE
F 684	(administrative staff and ASM # 2, direct consultant and LPN were made aware on the following of the consultant and LPN were made aware on the following of the consultant and LPN were made aware on the following of the consultant and LPN were made aware on the following of the consultant and LPN were made aware on the following of the consultant and the following of the following of the consultant and the following of the following of the consultant and LPN were made aware on the following of the consultant and LPN were made aware on the following of the consultant and LPN were made aware on the following of the	pproximately 1:30 p.m., ASM member) # 1, administrator or of nursing, ASM # 4, facility # 5 clinical corporate director, f the findings.  In was provided prior to exit.  In which the body cannot of sof sugar in the blood. This ained from the website: gov/medlineplus/ency/article/ Iman insulin analog indicated control in adults and children is. This information was ebsite:  Inih.gov/dailymed/drugInfo.cf   F	584				

	OF DEFICIENCIES CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:		IPLE CONSTRUCTION	(XC	3) DATE SURVEY COMPLETED
		495226	B. WING _			C <b>06/23/2022</b>
	ROVIDER OR SUPPLIER  NURSING AND REHAE	BILITATION CENTER		STREET ADDRESS, CITY, STATE, ZIP CODE 730 LUNENBURG HIGHW KEYSVILLE, VA 23947		00/23/2022
(X4) ID PREFIX TAG	(EACH DEFICIENC	ATEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL LSC IDENTIFYING INFORMATION)	ID PREFI) TAG	PROVIDER'S PLAN OF COR ( (EACH CORRECTIVE ACTION S CROSS-REFERENCED TO THE A DEFICIENCY)	SHOULD BE	(X5) COMPLETION DATE
F 684	disorder, seizures, hi disease (1) pain, and disease (1) pain, and On the most recent M quarterly assessmen reference date) of 04 scored 15 out of 15 of for mental status), independence of 15 out of 15 of for mental status), independence of 15 out of 15 of for mental status), independence of 15 out of 15	imited to: major depressive gh cholesterol, Sjogren's muscle spasms.  IDS (minimum data set), a twith an ARD (assessment /18/2022, the resident on the BIMS (brief interview dicating the resident is making daily decisions.  Is order sheet) dated 05/31/2022 for (R7)  "Cymbalta Duloxetine CAP igrams). Take 1 (one) ce daily for depression.  In the DRP (drop) Artificial tears are three times a day for muscle of times a day for muscle of the times and the times at the times and the times at th	F	584		

	OF DEFICIENCIES F CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MUL A. BUILDI		NSTRUCTION	(X3) DATE	SURVEY PLETED
		495226	B. WING		***************************************	1	C
	ROVIDER OR SUPPLIER  D NURSING AND REHA	ABILITATION CENTER		730 L	EET ADDRESS, CITY, STATE, ZIP CODE  LUNENBURG HIGHW  SVILLE, VA 23947	1 06/	23/2022
(X4) ID PREFIX TAG	(EACH DEFICIE	STATEMENT OF DEFICIENCIES NCY MUST BE PRECEDED BY FULL R LSC IDENTIFYING INFORMATION)	ID PREFI TAG	1	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD E CROSS-REFERENCED TO THE APPROPRI DEFICIENCY)		(X5) COMPLETION DATE
F 684	Observe resident for activity Date Initiated At risk for fractures to disease progress. Administer pain menote the effectivene 04/23/2021; Actual Acute/Chronic related dryness. Date Initially eye drop medication the effectiveness. risk for state of nour requirement characters of the control of the effectiveness. risk for state of nour requirement characters of the control of the effectiveness. risk for state of nour requirement characters of the effectiveness. risk for state of nour requirement characters of the effectiveness. risk for state of nour requirement characters of the effectiveness. Date Initiated Reg. No 7/28/2020; Use of diagnosis of: declinanti-depressant. Date Initiated: 12/1  The effectiveness. risk for state of nour requirement characters of the effectiveness. Date Initiated: 12/1  The effectiveness. risk for state of nour requirement characters of the effectiveness. Date Initiated: 12/1  The effectiveness. risk for state of nour requirement characters of the effectiveness. Date Initiated: 12/1  The effectiveness. risk for state of nour requirement characters of the effectiveness. The effectiveness of the eff	or signs/symptoms of seizure ed: 02/11/2020; Osteoarthritis: ; hx (history) of fractures due s; Date Initiated: 02/11/2020, edication as per MD orders and ess. Date Initiated: Pain/discomfort, ted to (bil) (bilateral) eye ated: 11/24/2020, Administer on as per MD orders and note Date Initiated: 11/24/2020; At orishment; more than body obterized by weight gain, related in PO intake, snacking te Initiated: 07/28/2020. Diet IAS)Date Initiated: fpsychotropic drugsdue to be mood/ behavior, depression ate Initiated: 07/23/2019, tions per physician's orders.	F	684			

	OF DEFICIENCIES CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:			CONSTRUCTION	(X3) DATE COMP	SURVEY PLETED
		495226	B. WING			l	c
NAME OF P	ROVIDER OR SUPPLIER	433220	B. WING		TREET ADDRESS, CITY, STATE, ZIP CODE	06/	23/2022
WAYLAND	NURSING AND REHAE	BILITATION CENTER			30 LUNENBURG HIGHW EYSVILLE, VA 23947		
(X4) ID PREFIX TAG	(EACH DEFICIENC	ATEMENT OF DEFICIENCIES BY MUST BE PRECEDED BY FULL LSC IDENTIFYING INFORMATION)	ID PREF TAG		PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD B CROSS-REFERENCED TO THE APPROPRI DEFICIENCY)		(X5) COMPLETION DATE
F 684	through 06/22/2022 from administration of (R7 Keppra, Visine, Liore the dates and times I On 06/23/2022 at appinterview was conducted staff member) # 2, direviewing the eMARs for (R7) ASM # 2 was ASM # 2 stated that it wasn't done.  On 06/23/2022 at appinistrative staff rand ASM # 2, directoregional director of claraction of the findings.  No further information Complaint deficiency  References: (1) An autoimmune of that produce tears are causes dry mouth an may affect other particidineys and lungs. To obtained from the weight a single participation of the weight and the single participation of the single participation.	notes dated 05/01/2022 ailed to evidence the 's) medications of Cymbalta, sal, Lipitor and Naproxen on isted above.  proximately 8:56 a.m., an oted with ASM (administrative rector of nursing. After a dated May and June 202 as asked about the blanks. If it wasn't documented it  proximately 1:30 p.m., ASM member) # 1, administrator of nursing, ASM # 3, inical services and LPN # 5 nator, were made aware of  In was provided prior to exit.  Issorder in which the glands and saliva are destroyed. This d dry eyes. The condition as of the body, including the This information was	F	684	DEPICIENCY)		
	~:text=Sj%C3%B6gre	en%20syndrome%20is%20a cluding%20the%20kidneys%					

	OF DEFICIENCIES CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:			CONSTRUCTION	(X3) DATE COMP	SURVEY LETED
					The state of the Control of the Cont	(	
		495226	B. WING			06/	23/2022
	ROVIDER OR SUPPLIER  NURSING AND REHAB	SILITATION CENTER		73	REET ADDRESS, CITY, STATE, ZIP CODE 0 Lunenburg Highw Eysville, va 23947		
(X4) ID PREFIX TAG	(EACH DEFICIENC	ATEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL LSC IDENTIFYING INFORMATION)	ID PREFI TAG	x	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BI CROSS-REFERENCED TO THE APPROPRIA DEFICIENCY)		(X5) COMPLETION DATE
F 684	Continued From page	<del>-</del> 79	F	584			
	was obtained from th	lisorder. This information					
	to control partial-onse involve only one part children, and infants information was obtai	long with other medications et seizures (seizures that of the brain) in adults, 1 month of age or older. This ined from the website: bv/druginfo/meds/a699059.h					
	spasticity. This inform the website: https://medlineplus.go tml#:~:text=Baclofen	n and certain types of mation was obtained from ov/druginfo/meds/a682530.h %20is%20in%20a%20class, roves%20muscle%20move					
	exercise to reduce the stroke and to decrease surgery will be needed disease or who are a disease. This information website:  https://medlineplus.gotml#:~:text=Atorvasta	th diet, weight loss, and e risk of heart attack and se the chance that heart at in people who have heart at risk of developing heart ation was obtained from the ov/druginfo/meds/a600045.h atin%20is%20used%20toget of%20developing%20heart%					
F 690 SS=D	Bowel/Bladder Incont CFR(s): 483.25(e)(1): §483.25(e) Incontine		F	690	On 6/23/22, the Director of Nursing(DC assessed Resident #2 for incontinence ensure resident had been provided incontinent care timely. There were no concerns identified.	e to	7/22/22
				- 1	- : - = : : : = : = : : : : : = : : : :		[

	OF DEFICIENCIES F CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:			CONSTRUCTION .	(X3) DATE COMP	SURVEY LETED
		495226	B. WING				
NAME OF P	ROVIDER OR SUPPLIER	493220	D. WING	81	TREET ADDRESS, CITY, STATE, ZIP CODE	06/	23/2022
	NURSING AND REHAI	BILITATION CENTER		73	80 LUNENBURG HIGHW EYSVILLE, VA 23947		
(X4) ID PREFIX TAG	(EACH DEFICIENC	TATEMENT OF DEFICIENCIES CY MUST BE PRECEDED BY FULL LSC IDENTIFYING INFORMATION)	ID PREFI TAG	x	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BI CROSS-REFERENCED TO THE APPROPRIA DEFICIENCY)		(X5) COMPLETION DATE
F 690	§483.25(e)(1) The faresident who is contifued admission receives a maintain continence condition is or become not possible to maintain \$483.25(e)(2)For a raincontinence, based comprehensive asseensure that— (i) A resident who en indwelling catheter is resident's clinical concatheterization was raindwelling catheter of is assessed for remote as possible unless the demonstrates that cand (iii) A resident who is receives appropriate prevent urinary tract continence to the existence in the existence is assessed for remote as possible unless the demonstrates that cand (iii) A resident who is receives appropriate prevent urinary tract continence to the existence in t	neility must ensure that nent of bladder and bowel on services and assistance to unless his or her clinical nes such that continence is tain.  esident with urinary on the resident's essment, the facility must ters the facility without an a not catheterized unless the indition demonstrates that necessary; neters the facility with an ar subsequently receives one eval of the catheter as soon ne resident's clinical condition atheterization is necessary; sincontinent of bladder treatment and services to infections and to restore tent possible.  resident with fecal on the resident's essment, the facility must not who is incontinent of bowel treatment and services to mal bowel function as  T is not met as evidenced  view, clinical record review, a complaint investigation, it the facility staff failed to	F	690	On 6/23/22, the Director of Nursing(Diassessed resident #6 for incontinence ensure resident has been provided incontinent care timely. There were not concerns identified.  On 6/23/22, the Director of Nursing(Diasonpleted an audit of all incontinent residents to include resident #2 and refe. This audit was to ensure all reside were provided incontinent care timely. Assistant Director of Nursing(ADON) addresses all concerns identified durin audit to include providing incontinent when indicated and education of staff.  On 6/23/22, the Social Worker completesident questionnaires with all alert a oriented residents regarding incontine care/toileting, The questionnaire is to any concerns related to timely incontine care/or toileting assistance. The Assis Director of Nursing(ADON) will address concerns identified during the audit to include providing incontinent care/toile assistance when indicated and educated staff.  On 6/23/22, Assistant Director of Nursing(ADON) initiated an in-service nurses and nursing assistants to incluagency staff regarding Incontinent Care emphasis on providing incontinent care toileting assistance timely per resident of care. In-service will be completed be 6/3022. After 6/30/22, any nurse or nu assistant who has not completed the inservice will complete prior to next schework shift. All newly hired nurses and assistants will be in-serviced during orientation regarding Incontinent Care	consident of the care of the c	

	OF DEFICIENCIES F CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	1		CONSTRUCTION	(X3) DATE	SURVEY LETED
			A. BUILDI	NG	A CONTRACTOR OF THE CONTRACTOR	١,	2
		495226	B. WING			1	23/2022
NAME OF P	ROVIDER OR SUPPLIER			ST	REET ADDRESS, CITY, STATE, ZIP CODE	1 00/	LUILULL
VAVANZI A NII	S MIDOINO AND DELLA	DU ITATION OFNITTO		73	0 LUNENBURG HIGHW		
WATLANI	NURSING AND REHA	BILITATION CENTER		K	EYSVILLE, VA 23947		
(X4) ID PREFIX TAG	(EACH DEFICIEN	STATEMENT OF DEFICIENCIES ICY MUST BE PRECEDED BY FULL R LSC IDENTIFYING INFORMATION)	ID PREFI TAG	į	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD I CROSS-REFERENCED TO THE APPROPRI DEFICIENCY)	BE.	(X5) COMPLETION DATE
F 690	residents in the sun (R6) and # 2 (R2).  The findings included 1. The facility staff for care for Resident # day shift.  (R6) was admitted to that included but we disease (1) and interest for the most recent quarterly assessment reference date) of 0 scored 3 out of 15 comental status), indicting impaired of cognition Under Section G "For coded as totally deprophysical assistant.  A review of (R6's) A sheets dated 05/26/26/26/26/26/26/26/26/26/26/26/26/26/	wey sample, Residents # 6  ailed to perform incontinence 6 (R6) on 6/4/2022 during the othe facility with diagnoses are not limited to: Parkinson's allectual disabilities (2),  MDS (minimum data set), a not with an ARD (assessment 4/19/2022, the resident on the BIMS (brief interview for cating the resident is severely in for making daily decisions. Sunctional Status" (R6) was bendent of two staff members ince for toilet use.  ADL (activities of daily living) (2022 through 06/08/2022 was toileted/received in 06/04/2022 at 5:28 a.m. e ADL sheets failed to received incontinence care	F	690	The Treatment Nurse, Assistant Direct Nursing(ADON), and the Minimum Dat Nurse (MDS) will complete 10 resident audits to include all shifts and weekend weekly x 4 weeks then monthly x 1 mutilizing the Resident Care Audit. The Treatment Nurse, Assistant Director of Nursing, and MDS nurse will address concerns identified during the audit to providing incontinent care/toileting assistent indicated to maintain resident diand re-training of staff. The Director of Nursing will review the Resident Care weekly x 4 weeks then monthly x1 monthly x1 monthly x2 weeks then monthly x1 monthly x4 weeks then monthly x1 monthly x2 weeks the provided to the Executive all concerns were addressed.  The Director of Nursing will present firm of the Resident Care Audit to the Executive QAPI Committee will meet for 2 months and review the Resident Audit to determine trends and/or issue may need further interventions put into and to determine the need for further frequency of monitoring.	ta Set t care ds onth  f all include sistance ignity f Audits onth to  addings cutive overment hs. The monthly Care os that	

	OF DEFICIENCIES CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MUL A. BUILD		CONSTRUCTION	(X3) DATE COMP	SURVEY LETED
		495226	B. WING			06/:	23/2022
	ROVIDER OR SUPPLIER  NURSING AND REH	ABILITATION CENTER		73	TREET ADDRESS, CITY, STATE, ZIP CODE 80 LUNENBURG HIGHW EYSVILLE, VA 23947		
(X4) ID PREFIX TAG	(EACH DEFICIE	STATEMENT OF DEFICIENCIES NCY MUST BE PRECEDED BY FULL OR LSC IDENTIFYING INFORMATION)	ID PREF TAG		PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD B CROSS-REFERENCED TO THE APPROPRIA DEFICIENCY)		(X5) COMPLETION DATE
F 690	06/04/2022, RN # 2 (R6) received incorbinit RN # 2 stated provide incontinent stated that they inf (3:00 p.m. to 11:00 incontinence care the incontinence care the incontinence care did the best they complete the process of the incontinence care did the best they complete the process of the	to during that shift on 2 stated yes. When asked if intinence care during the 7-3 no that they did not get to c care to (R6). RN # 2 further formed the oncoming shift, 3-11 p.m.), that they did not provide to (R6) so they could provide are. RN # 2 stated that they	F	690			

STATEMENT OF AND PLAN OF C		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	•		NSTRUCTION	(X3) DATE	SURVEY PLETED
			A. BOILDI		The second secon	1	С
		495226	B. WING			1	/23/2022
	VIDER OR SUPPLIER	BILITATION CENTER		730 L	ET ADDRESS, CITY, STATE, ZIP CODE UNENBURG HIGHW SVILLE, VA 23947	, ,	
(X4) ID PREFIX TAG	(EACH DEFICIEN	STATEMENT OF DEFICIENCIES ICY MUST BE PRECEDED BY FULL R LSC IDENTIFYING INFORMATION)	ID PREFI TAG	×	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD CROSS-REFERENCED TO THE APPROPR DEFICIENCY)	BE	(X5) COMPLETION DATE
N C R ( ir h s ( ir h	Reference: 1) A type of movem formation was obtattps://www.nlm.nih.ease.html. 2) Refers to a group y a limited mental of daptive behaviors schedules and routintellectual disability 8 and may result frutism or cerebral pauses, such as lackesponsiveness. Thom the website: ttps://www.report.ntSheet.aspx?csid=1. The facility staff fare for Resident #2. In the most recent lessessment, a quark sessessment, a quark sessessment references dern memory difficult inpaired for making ection G - Functioneing totally depending totally depending totally depending to and Bowel, leavy incontinent of the sesses incontinent of	pon was provided prior to exit.  y.  ment disorder. This ained from the website: gov/medlineplus/parkinsonsdi  p of disorders characterized capacity and difficulty with such as managing money, nes, or social interactions. To originates before the age of comphysical causes, such as alsy, or from nonphysical k of stimulation and adult his information was obtained	F	590			

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	1 ' '	TIPLE CONSTRUCTION NG	(X3) DATE SURVEY COMPLETED		
				And the state of t			
		495226	B. WING			06/	23/2022
	ROVIDER OR SUPPLIER  NURSING AND REHAE	BILITATION CENTER		STREET ADDRESS, CITY, STATE, ZIP COD 730 LUNENBURG HIGHW KEYSVILLE, VA 23947	E		
(X4) ID PREFIX TAG	(EACH DEFICIENC	ATEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL LSC IDENTIFYING INFORMATION)	ID PREFI TAG		I SHOULD BI		(X5) COMPLETION DATE
F 690	incontinent episodes. containment program brief." The care plan documented in part, 'Living/Personal Care documented in part, 'Uses incontinent prod Incontinent of bowel.'  The Point of Care Toi 6/3/2022 at 10:59 p.m was coded as having dependent on one sta 4:54 a.m. it was docu "Legend Report" doc the care/activity did ndocumentation was documentation was documented in the care activity did ndocumentation was documented in the care activity did ndocumented in the care activity did ndocumentation was documented in the care activity did ndocumented in the care activity did ndocumente	I and bladder." The nented, "Pericare after each Protection and II, apply underwear over dated, 11/19/2019 "Activities of Daily". The "Interventions" "NO TOILETING required. ducts. Incontinent of bladder." "It is letting documentation dated in documented the resident been changed and was aff member. On 6/4/2022 at imented as "8.8" The uments an "8.8" indicates not occur. The next documented on 6/4/2022 at ent was totally dependent er for toileting needs.  I ducted with RN (registered in 22 at 11:22 a.m. When on 6/4/2022 as a CNA istant), RN #2 stated that is providing direct care, the ing medications and ked if she got everyone of bed and dressed, RN #2 ted there were resident that RN #2 stated she did the stated she did the B hall, but up to room 118. When IR2, RN #2 stated she did RN #2 stated unless [LPN -	F	690			

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:		(X2) MULTIPLE CONSTRUCTION A. BUILDING			(X3) DATE SURVEY COMPLETED	
		495226	B. WING			l		
	ROVIDER OR SUPPLIER  D NURSING AND REHA		J B. Willes	73	TREET ADDRESS, CITY, STATE, ZIP CODE  O LUNENBURG HIGHW  EYSVILLE, VA 23947	06/	23/2022	
(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 CORRECTION PREFIX (EACH CORRECTIVE ACTION SHOULD BI TAG CROSS-REFERENCED TO THE APPROPRIA DEFICIENCY)			(X5) COMPLETION DATE	
F 690	worked on 6/4/2022, asked what she did a passed medications, residents to the bath When asked if she dother residents, LPN what she could get to residents were left u [RN#2] was working with the residents. Wincontinence care or not, she thought that An interview was con assistant director of p.m. When asked if sincontinence care to #1 stated due to her unable to provide incontinence care to 6/4/2022.  ASM (administrative administrative administrator, ASM #4, the facility of clinical corporate directly the above concerns approximately 1:30 p.  No further informatio	L.m. When asked if she LPN #2 stated yes. When that day, LPN #2 stated she answered call lights, took room and giving bed pans. id incontinence care on any #2 stated, she did some b. When asked if any nattended to, LPN #2 stated, as a CNA and was working //hen asked if she did in R2, LPN #2 stated she did in R2, LPN #2 stated she did in R2, LPN #2 stated she did in R2, LPN #3 stated she did in R2, LPN #4 stated she did in R2, LPN #2 stated she did in R2, LPN #3 stated she did in R2, LPN #4 stated she did in R4, LPN #4, the inversing, on 6/22/2022 at 1:33 staff member) #1, the if R4, the director of nursing, consultant, and ASM #5, the ector, were made aware of on 6/23/2022 at in.m. in was obtained prior to exit.	F	690				
F 725 SS=D	Complaint deficiency Sufficient Nursing St CFR(s): 483.35(a)(1) §483.35(a) Sufficient The facility must hav	aff (2)	F	725	On7/6/22, the Administrator reviewed t daily staff sheet and determined there sufficient staffing to meet the needs of esidents based upon the acuity level to ensure the residents reach their highes practicable physical, mental and psych	was their st	7/22/22	

	OF DEFICIENCIES F CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION  A. BUILDING			(X3) DATE SURVEY COMPLETED	
		495226	B. WING				C <b>23/2022</b>
	ROVIDER OR SUPPLIER  NURSING AND REHAB	ILITATION CENTER	STREET ADDRESS, CITY, STATE, ZIP CODE  730 LUNENBURG HIGHW  KEYSVILLE, VA 23947			1 06/	23/2022
(X4) ID PREFIX TAG	(EACH DEFICIENC	ATEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL LSC IDENTIFYING INFORMATION)	ULL PREFIX (EACH CORRECTIVE ACTION SHOULD BE			(X5) COMPLETION DATE	
F 725	provide nursing and resident safety and a practicable physical, well-being of each resident assessments and considering the ridiagnoses of the facil accordance with the fat §483.70(e).  §483.35(a)(1) The facil by sufficient numbers types of personnel or nursing care to all resident care plans: (i) Except when waive this section, licensed (ii) Other nursing persimited to nurse aides §483.35(a)(2) Except paragraph (e) of this designate a licensed nurse on each tour of This REQUIREMENT by:  Based on staff interviand in the course of a was determined that the maintain sufficient nursesident needs for two survey sample, Resident The findings include:  1. The facility staff fail	etencies and skills sets to elated services to assure tain or maintain the highest mental, and psychosocial sident, as determined by and individual plans of care number, acuity and ity's resident population in facility assessment required cility must provide services of each of the following a 24-hour basis to provide idents in accordance with ed under paragraph (e) of nurses; and sonnel, including but not when waived under section, the facility must nurse to serve as a charge	F	725	well-being to include but not limited to and incontinent care. There were no concerns identified.  on 7/6/22, the Administrator and Direct Nursing (DON) reviewed clinical staffin schedule for the next 7 days. This revie ensure sufficient staff were scheduled meet the needs of the residents based the acuity level to ensure the residents their highest practicable physical, mempsychosocial well being to include but limited to ADL and incontinent care. The will address all concerns identified duri audit. Audit will be completed by 7/6/22. On 7/6/22, the Administrator verified facontracts with staffing agencies. The fawill utilize agency staffing to ensure dastaffing is adequate according to the aclevel of the residents.  On 7/6/22, The Facility Nurse Consultate serviced the Administrator, DON, and scheduler regarding Sufficient staffing the emphasis on staffing expectations ensuring the schedule is reviewed daily adequate staffing patterns to meet the of the needs of residents. The needed residents that enable them to reach the highest practicable physical, mental, an psychosocial well-being. All newly hire Administrators, DON, and schedulers vin-serviced during orientation regarding Sufficient Staffing.	tor of ag wis to to upon reach tal and not ne DON ag the 2. acility acility ant inwest of the property of the	

#### DEPARTMENT OF HEALTH AND HUMAN SERVICES

CENTERS FOR MEDICARE & MEDICAID SERVICES

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION  A. BUILDING			(X3) DATE SURVEY COMPLETED	
		495226			- Control of the Cont	С	
	DO: (ID DD: 0.5 0.1 0.1 0.1 1.1 1.1 1.1 1.1 1.1 1.1 1.1	495226	B. WING _			06/	23/2022
	ROVIDER OR SUPPLIER  D NURSING AND REHA	BILITATION CENTER	STREET ADDRESS, CITY, STATE, ZIP CODE  730 LUNENBURG HIGHW  KEYSVILLE, VA 23947				
(X4) ID PREFIX TAG	(EACH DEFICIEN	STATEMENT OF DEFICIENCIES ICY MUST BE PRECEDED BY FULL R LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	<	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD B CROSS-REFERENCED TO THE APPROPRI DEFICIENCY)		(X5) COMPLETION DATE
F 725	(R6) was admitted to that included but we disease (1) and interview (1) and interview for mental resident is severely making daily decision. "Functional Status" dependent of two strassistance for toilet. The as-worked schedocumented three in 7:00 a.m. to 3:00 p. nursing assistants) had documented, "V. RN (registered nurs "CNA."  A review of (R6's) A sheets dated 05/26/revealed that (R6) wincontinence care of Further review of the evidence that (R6) in during the 7-3 shift.  On 06/22/2022 at apinterview was condunurse) # 2 wound not they have to work assistant RN # 2 stawas the only day the that they were the o	o the facility with diagnoses are not limited to: Parkinson's llectual disabilities (2),  MDS (minimum data set), a not with an ARD (assessment 4/19/2022, the resident of 15 on the BIMS (brief status), indicating the impaired of cognition for ons. Under Section G (R6) was coded as totally aff members for physical use.  Bedule for 6/4/2022 arurses were scheduled for the m. shift. Two CNAs (certified were scheduled. Both CNAs WNBI (will not be in)." Next to be #2 was documented  DL (activities of daily living) 2022 through 06/08/2022	F7	725	On 7/6/22, the Director of Nursing init an in-service with all nurses and nurs assistants to include agency in regard Sufficient Staffing with emphasis on validating staff presence at beginning and review assignment (2) notification DON, ADON, and /or Administrator by phone if adequate staffing is not avail (3) staff must not leave assignment u relieving staff are in place (4) staff munotify nurse before leaving assignment ensure adequate coverage is in place service will be complete by 7/13/22. An ewly hired nurses and nursing assis will be in-serviced during orientation. regarding Sufficient Staffing.  On 7/6/22, the Director of Nursing position of the Administrator for staff reference at earnursing station.  The Administrator/DON will audit staff schedule at the beginning of each shinclude nights and weekends x 2 week twice weekly x 2 weeks then weekly x month utilizing the Sufficient Staff Aur Tool. This audit is to ensure facility has sufficient staff to meet the needs of the residents based upon the acuity level ensure the residents reach their higher practicable physical, mental, and psychosocial well-being and that the provides adequate nurse coverage. A areas of concern will be immediately addressed by the DON/Administrator include the use of Administrator will initial the Sufficient Staff Tool daily to assure the staffing patterns are appropriate to meeds of resident care.	ing ds to (1) of shift n od y able ntil ust nt to lin- ill tants to sted and ch fing ff to oks then c 1 dit as e to est facility ill to ses e e e	

	OF DEFICIENCIES F CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:			E CONSTRUCTION	(X3) DATE	SURVEY LETED
		495226	B. WING			1	23/2022
	ROVIDER OR SUPPLIER  NURSING AND REHAB	ILITATION CENTER	STREET ADDRESS, CITY, STATE, ZIP CODE 730 LUNENBURG HIGHW KEYSVILLE, VA 23947		30 LUNENBURG HIGHW	1 06/	23/2022
(X4) ID PREFIX TAG	(EACH DEFICIENC	ATEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREF TAG		PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD B CROSS-REFERENCED TO THE APPROPRIA DEFICIENCY)		(X5) COMPLETION DATE
F 725	(R6) received inconting shift RN # 2 stated not provide incontinent castated that they inform (3:00 p.m. to 11:00 p. incontinence care to (the incontinence care to (the incontinence care did the best they could conducted with CNA worked the 7-3 shift of stated that they called called the director of the call the assistant did because the director of and the ADON was concounted with CNA # 1 stated they called the director of and the ADON was concounted with the called the director of the call the assistant did because the director of and the ADON was concounted that they hoped CNA better. When asked if issues on 06/0402022 asked to describe the care for a resident who toileting CNA # 1 stated be checked and for checked and for checked and for checked and for checked that they knew to tell someone when the conducted with OSM ward clerk/scheduler. The minimal staffing resident was a staffing resident with the conducted with OSM ward clerk/scheduler.	during that shift on tated yes. When asked if thence care during the 7-3 that they did not get to are to (R6). RN # 2 further ned the oncoming shift, 3-11 m.), that they did not provide R6) so they could provide. RN # 2 stated that they did.  25 p.m., an interview was # 1. When asked if they no6/04/2022 CNA # 1 to out on 06/04/2022 and hursing and was instructed rector of nursing (ADON) of nursing was on vacation overing for the weekend. Halled the ADON and made was an illness in the family in and the ADON stated # 1's family member felt they were aware of staffing the CNA # 1 stated no. When procedure for incontinence of is totally dependent for ed that the resident should hanged every two hours. R6) did not receive ing the 7-3 shift CNA # 1 (R6) and they were not able they are soiled.	F	725	The DON will forward all monitoring at the facility consultant weekly x 8 week facility consultant will review plan of correction and monitoring tools weekly weeks to ensure compliance with POC facility consultant will address all conc with the Regional Vice President(RVP Administrator, and DON during the review of the Sufficient Staff Audit Too Quality Assurance Performance Impro (QAPI) Committee monthly x 2 months QAPI Committee will meet and review Sufficient Staff Audit Tool monthly x 2 to determine trends and/or issues that need further interventions put into place to determine the need for further and/or frequency of monitoring.	x 8 c. The erns ), riew. e of to the evement s. The the months may be and	

PREFIX (EACH DEFICIENCY MUST BE PRECEDED BY FULL PREFIX (EACH CORRECTIVE ACTION SHOULD BE COM				,			(X3) DATE SUR' COMPLETE	
NAME OF PROVIDER OR SUPPLIER  WAYLAND NURSING AND REHABILITATION CENTER  (X4) ID SUMMARY STATEMENT OF DEFICIENCIES PREFIX (EACH DEFICIENCY MUST BE PRECEDED BY FULL PREFIX REGULATORY OR LSC IDENTIFYING INFORMATION)  PREFIX REGULATORY OR LSC IDENTIFYING INFORMATION)  STREET ADDRESS, CITY, STATE, ZIP CODE  **CODE			495226				_	
PREFIX (EACH DEFICIENCY MUST BE PRECEDED BY FULL PREFIX (EACH CORRECTIVE ACTION SHOULD BE COM REGULATORY OR LSC IDENTIFYING INFORMATION)  TAG CROSS-REFERENCED TO THE APPROPRIATE			ROVIDER OR SUPPLIER	0.11110	730 LUNENBURG HIGHW	E	06/23	3/2022
	PREFIX (EACH DEFICIE	FIX (EACH DEFICIENCY MUST BE PRECEDED BY FULL PREFIX (EACH CORRECTIVE ACTION TAG CROSS-REFERENCED TO THE		N SHOULD BE		(X5) COMPLETION DATE		
Continued From page 89  OSM # 1 stated that it is based on the facility census and that over the past several months the facility census has been between 50 and 52 residents. OSM # 1 stated that for a census of 51 residents or less the minimal staff on the 7-3 shift is five CNAs and two nurses. 3-11 shift three CNAs and two nurses and on the 11-7 shift three CNAs and two nurses and on the 11-7 shift three CNAs and two nurses. When asked to describe the procedure they follow when the facility does not have enough staff to fulfill a shift OSM # 1 stated that they have contracts with four nursing agencies and they call the agencies to fill the positions. OSM # 1 stated that the agency nurse's or CNAs don't always show up or they call out.  On 06/22/22 at 1:33 p.m., an interview was conducted RN (registered nurse) # 1, assistant director of nursing (ADON). When asked about the staffing issue on 06/04/2022 on the 7-3 shift, RN # 1 stated that they with came in to to the facility to help out. When asked what type of help they provided RN # 1 stated that they ware into to the sated that they were not aware of any resident's who did not receive incontinence care during the shift.  On 06/23/2022 at approximately 1:30 p.m., ASM (administrative staff member) # 1, administrator and ASM # 2, director of nursing, ASM # 3, regional director of clinical services and LPN # 5 traveling MDS coordinator, were made aware of the findings.  No further information was provided prior to exit.	OSM # 1 stated that census and that over facility census has residents. OSM # residents or less that is five CNAs and two nurse. CNAs and two nurse the procedure they not have enough set stated that they hat agencies and they positions. OSM # nurse's or CNAs do out.  On 06/22/22 at 1:3 conducted RN (regatirector of nursing the staffing issue of RN # 1 stated that facility to help out. They provided RN # with feed residents and completed an estated that they we who did not receive shift.  On 06/23/2022 at a (administrative staff and ASM # 2, direct regional director of traveling MDS coor the findings.  No further informations.	f 51 shift ree ce ss ng call t ut ift, nelp l e she sM or	OSM # 1 stated that it is based on the factorensus and that over the past several more facility census has been between 50 and residents. OSM # 1 stated that for a census residents or less the minimal staff on the residents or less than two nurses, 3-11 shift the CNAs and two nurses and on the 11-7 shift CNAs and two nurses. When asked to deten procedure they follow when the facility not have enough staff to fulfill a shift OSM stated that they have contracts with four magencies and they call the agencies to fill positions. OSM # 1 stated that the agency nurse's or CNAs don't always show up or out.  On 06/22/22 at 1:33 p.m., an interview was conducted RN (registered nurse) # 1, assidirector of nursing (ADON). When asked the staffing issue on 06/04/2022 on the 7-RN # 1 stated that they with came in to to facility to help out. When asked what type they provided RN # 1 stated that they assi with feed residents, at breakfast and lunch and completed an admission. RN # 1 furth stated that they were not aware of any resident who did not receive incontinence care durshift.  On 06/23/2022 at approximately 1:30 p.m. (administrative staff member) # 1, administrative staff membe	F	725			

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	1	TIPLE CON	(X3) DATE SURVEY COMPLETED		
		405000			Martin de la companya	С	
NAME OF P	ROVIDER OR SUPPLIER	495226	B. WING	STREE	ET ADDRESS, CITY, STATE, ZIP CODE	06/	23/2022
WAYLAND	NURSING AND REHA	BILITATION CENTER			JNENBURG HIGHW SVILLE, VA 23947		
(X4) ID PREFIX TAG	(EACH DEFICIEN	STATEMENT OF DEFICIENCIES CY MUST BE PRECEDED BY FULL R LSC IDENTIFYING INFORMATION)	- 1	ID PROVIDER'S PLAN OF CORRECTION PREFIX (EACH CORRECTIVE ACTION SHOULD BE TAG CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)			
F 725	Continued From pa	ge 90	F	725			
	https://www.nlm.nih sease.html.  (2) Refers to a group by a limited mental adaptive behaviors schedules and routintellectual disability 18 and may result frautism or cerebral prauses, such as lac responsiveness. The from the website: https://www.report.nctSheet.aspx?csid=  2. The facility staff facare due to insufficients.	ained from the website:  .gov/medlineplus/parkinsonsdi  p of disorders characterized capacity and difficulty with such as managing money, nes, or social interactions. p originates before the age of com physical causes, such as alsy, or from nonphysical k of stimulation and adult his information was obtained with gov/NIHfactsheets/ViewFa 100  ailed to provide incontinence ent nursing staff for Resident  adule for 6/4/2022 urses were scheduled for the					
	nursing assistants) had documented, "V	m. shift. Two CNAs (certified were scheduled. Both CNAs VNBI (will not be in)." Next to e) #2 was documented					
	assessment, a quar assessment referen resident was coded term memory difficu impaired for making	MDS (minimum data set) terly assessment, with an ce date of 4/13/2022, the as having both short and long lties and being severely cognitive daily decisions. In nal Status, R1 was coded as					

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:		TIPLE CONSTRUCTION		(X3) DATE SURVEY COMPLETED	
			ŀ			С	
		495226	B. WING		00	6/23/2022	
	ROVIDER OR SUPPLIER  NURSING AND REHAE	BILITATION CENTER		STREET ADDRESS, CITY, STATE, ZIP CODE 730 LUNENBURG HIGHW KEYSVILLE, VA 23947			
(X4) ID PREFIX TAG	(EACH DEFICIENC	FATEMENT OF DEFICIENCIES BY MUST BE PRECEDED BY FULL LSC IDENTIFYING INFORMATION)	ID PREFI TAG	PROVIDER'S PLAN OF CORRECT X (EACH CORRECTIVE ACTION SHOUND CROSS-REFERENCED TO THE APPRIDEFICIENCY)	LD BE	(X5) COMPLETION DATE	
F 725	members for their toi Bladder and Bowel, I always incontinent of Care To 6/3/2022 at 10:59 p.r was coded as having dependent on one st 4:54 a.m. it was doct "Legend Report" doct the care/activity did r documentation was contained in part, (incontinent) of bowe "Interventions" docur incontinent episodes containment program brief." The care plan documented in part, Living/Personal Care documented in part, Uses incontinent program brief." The care plan documented in part, Uses incontinent program brief." The care plan documented in part, Uses incontinent program brief." The care plan documented in part, Uses incontinent program brief." The care plan documented in part, Uses incontinent program brief." The care plan documented in part, Uses incontinent program brief. The care plan documented in part, Uses incontinent program brief. The care plan documented in part, Uses incontinent program brief. The care plan documented in part, Uses incontinent program brief. The care plan documented in part, Uses incontinent program brief. The care plan documented in part, Uses incontinent program brief. The care plan documented in part, Uses incontinent program brief. The care plan documented in part, Uses incontinent program brief. The care plan documented in part, Uses incontinent program brief. The care plan documented in part, Uses incontinent program brief. The care plan documented in part, Uses incontinent program brief. The care plan documented in part, Uses incontinent program brief. The care plan documented in part, Uses incontinent program brief. The care plan documented in part, Uses incontinent program brief. The care plan documented in part, Uses incontinent program brief. The care plan documented in part, Uses incontinent program brief. The care plan documented in part, Uses incontinent program brief. The care plan documented in part, Uses incontinent program brief. The care plan documented in part, Uses incontinent program brief.	ent of two or more staff leting needs. In Section H - R1 was coded as being f both bowel and bladder.  ileting documentation dated m. documented the resident g been changed and was aff member. On 6/4/2022 at umented as "8.8" The numents an "8.8" indicates not occur. The next documented on 6/4/2022 at ent was totally dependent per for toileting needs.  care plan dated, 4/7/2015 "Focus: (R2) is always incont all and bladder." The mented, "Pericare after each . Protection and n.; apply underwear over dated, 11/19/2019 "Activities of Daily e." The "Interventions" "NO TOILETING required. ducts. Incontinent of bladder."  inducted with RN (registered	F	725			

#### DEPARTMENT OF HEALTH AND HUMAN SERVICES

CENTERS FOR MEDICARE & MEDICAID SERVICES

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		IDENTIFICATION NUMBER:		IPLE CONSTRUCTION NG		DATE SURVEY COMPLETED
		495226	B. WING _			C 06/23/2022
	ROVIDER OR SUPPLIER  NURSING AND REHAE	BILITATION CENTER		STREET ADDRESS, CITY, STATE, ZIP CODE 730 LUNENBURG HIGHW KEYSVILLE, VA 23947		00/23/2022
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)		ID PREFI) TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)		(X5) COMPLETION DATE
F 725	and A hall but only go asked if she changed not get to that room. licensed practical nui if anyone else came ADON (assistant dire help feed.  An interview was cor 6/22/2022 at 11:35 a worked on 6/4/2022, asked what she did ti passed medications, residents to the bath When asked if she did other residents, LPN what she could get to residents were left ur [RN#2] was working with the residents. Wincontinence care on not, she thought that who does the staffing OSM - other staff me OSM #1 does the staffing OSM of the staff to get someone  A second interview we 6/22/2022 at 12:02 p assisted in getting and on 6/4/2022, RN #2 s ADON and she went anyone could come in have the number to come in the staff of	stated she did the B hall, of up to room 118. When if R2, RN #2 stated she did RN #2 stated unless [LPN - rse #2] did him. When asked in to help, RN #2 stated the actor of nursing) came in to inducted with LPN #2 on inducted with LPN #2 stated she in the last day, LPN #2 stated she inducted with LPN #2 stated she inducted in inducted with LPN #2 stated, and incontinence care on any inducted in inducted	F7	725		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	1	IPLE CONSTRUCTION	(X3)	) DATE SURVEY COMPLETED
			7. BOILDII			С
		495226	B. WING_			06/23/2022
	ROVIDER OR SUPPLIER  NURSING AND REH	IABILITATION CENTER		STREET ADDRESS, CITY, STATE, ZIP CODE 730 LUNENBURG HIGHW KEYSVILLE, VA 23947	<u>1</u>	00/23/2022
(X4) ID PREFIX TAG	IX (EACH DEFICIENCY MUST BE PRECEDED BY FULL			PROVIDER'S PLAN OF COR ( (EACH CORRECTIVE ACTION CROSS-REFERENCED TO THE ADEFICIENCY)	SHOULD BE	(X5) COMPLETION DATE
F 725	ward clerk/schedu When asked how schedule, OSM #1 stated the facility their own staff. OS daily staffing shee out the schedule a CNAs and we nee little staff, we are a spots. When asked scheduled on the least five, two nurs When asked her not staffing, OSM # many staff as she here on the weeked DON. The DON wiget staff in. When	conducted with OSM #1, the ler, on 6/22/2022 at 1:18 p.m. long in advance she makes a stated monthly. OSM #1 utilizes a lot of agency versus SM #1 stated she puts out the ts each day. When she puts and some days it still had two d five, because we have so awaiting for the agency to fill the d how many CNAs are normally day shift, OSM #1 stated, at sees and a treatment nurse. Sole on the weekend in regards 1 stated she tried to get as can. OSM #1 stated she is not end so the staff have to call the will reach out to whomever to asked who reaches out to the espots, OSM #1 stated the	F 7	725		
	ADON, on 6/22/20 her knowledge of a scheduler was call staff not working. It they called me to the called other people in. RN #1 stated sitt to work. When ask RN #1 stated she RN #1 stated she asked if she perform RN #1 stated due do any pushing or	conducted with RN #1, the l22 at 1:33 p.m. When asked l3/4/2022, RN #1 stated the led and made calls to other The administrator called her, led me there was a call out and la, couldn't get anyone to come line got her scrubs on and went lad what kind of work she did, led people breakfast and lunch. lined done an admission. When limed any incontinence care, lito medical issues she did not lipulling on residents. When live ware of any resident not				

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	1	IPLE CONSTRUCTION		SURVEY
	495226	B. WING_		1	C /23/2022
NAME OF PROVIDER OR SUPPLIER  WAYLAND NURSING AND REHAB	ILITATION CENTER		STREET ADDRESS, CITY, STATE, ZIP CODE 730 LUNENBURG HIGHW KEYSVILLE, VA 23947		
PREFIX (EACH DEFICIENC)	ATEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PROVIDER'S PLAN OF CORRECTION PREFIX (EACH CORRECTIVE ACTION SHOULD I TAG CROSS-REFERENCED TO THE APPROPRI DEFICIENCY)		ULD BE	(X5) COMPLETION DATE
An interview was concept (administrative staff of nursing, on 6/22/2022) her involvement with a #2 stated she was on from a CNA for a call on vacation and sent the ADON. Were you had not been changed stated she was not aveological facility consultant, and corporate director, we above concerns on 6/1:30 p.m.  No further information Complaint deficiency. Residents are Free of CFR(s): 483.45(f)(2)  The facility must ensure §483.45(f)(2) Resider medication errors. This REQUIREMENT by:  Based on staff interview, clinical record a complaint investigat	ducted with ASM nember) #2, the director of 2 at 3:59 p.m. When asked staffing on 6/4/2022, ASM vacation and received a call off. ASM #2 stated she was her a text message to call aware that two residents d for an entire shift, ASM #2 vare of that until today,  rator, ASM #2, ASM #4, the d ASM #5, the clinical are made aware of the (23/2022 at approximately  a was obtained prior to exit.  If Significant Med Errors  are that its- nts are free of any significant  is not met as evidenced  away facility document review and in the course of cion, it was determined the nsure one of nine residents was free of significant	F 7		nitiated an tion record residents ed insulin to hysician shysician for audit for clarification	7/22/22

	OF DEFICIENCIES CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION A. BUILDING			(X3) DATE SURVEY COMPLETED	
		495226	B. WING		***************************************	06/	23/2022
WAYLAND (X4) ID		ATEMENT OF DEFICIENCIES	STREET ADDRESS, CITY, STATE, ZIP CODE  730 LUNENBURG HIGHW  KEYSVILLE, VA 23947  ID PROVIDER'S PLAN OF CORRECTION		80 LUNENBURG HIGHW EYSVILLE, VA 23947 PROVIDER'S PLAN OF CORRECTION		(X5)
PREFIX TAG		Y MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	PREFI TAG		(EACH CORRECTIVE ACTION SHOULD B CROSS-REFERENCED TO THE APPROPRIA DEFICIENCY)		COMPLETION DATE
F 760	a physician order who was greater than 400 Resident #1 (R1) had the most recent MDS assessment, a quarte assessment reference resident scored a "12 interview for mental s resident is moderately making daily decision Medications the resid insulin seven days of The physician order of documented, "Novolo treat diabetes) (1) 100 inject as per SS (slidii (subcutaneously) before [blood sugar] 200 - 25 units; 301 - 350 = 8 ur Discard 28 days after The May 2022 MAR (record) documented to following dates and the story of the documented and the story of the side	Resident #1 insulin without en the resident's blood sugar a diagnosis of diabetes. On (minimum data set) rly assessment with an edate of 3/13/2022, the on the BIMS (brief tatus) score, indicating the cognitively impaired for s. In Section N - ent was coded as receiving the look-back period.  Idated, 8/13/2021, glnj (injection) (used to DU/ML (units per milliliter) - ng scale) sub -Q ore meals and at bedtime: 60 = 4 units; 251 - 300 = 6 nits; 351 - 400 = 10 units. opening."	F	760	On 6/24/22, the DON initiated an audit sliding scale insulin orders. This audit identify any order that clearly define parameters for administering sliding scinsulin for finger stick blood sugars (FS include but not limited to when FSBS igreater than 400 and when order does parameters for notification of the phys The DON will address all concerns ideduring the audit to include notification physician for clarification of the order audit will be completed by 6/24/22.  On 6/23/22, the Assistant Director of Ninitiated an in-service with all nurses of (1) Following Physician Orders, with the emphasis on ensuring medication are administered per physician orders to inbut not limited to sliding scale insulin defines parameters for administration include dose, route, frequency and why physician should be notified if indicate (2) Rights of Medication Administration the emphasis on administering medication, in the right dose, by the right resident, administration of rigmedication, in the right dose, by the right physician orders will be completed by 6/30/26/30/22, any newly hired nurses will be serviced during orientation regarding Following Physician Orders.  The Administrative nurses to include the Assistant Director of Nursing, (ADON) Treatment Nurse and Minimum Data Stants of the process of the service of Nursing, (ADON) Treatment Nurse and Minimum Data Stants of the process of the service of Nursing, (ADON) Treatment Nurse and Minimum Data Stants of the process of the p	is to cale cale cale cale cale cale cale cale	

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION  A. BUILDING			(X3) DATE SURVEY COMPLETED	
			7.1.001.201			(	
		495226	B. WING			06/	23/2022
NAME OF PROVIDER OR SUPPLIER  WAYLAND NURSING AND REHABILITATION CENTER			STREET ADDRESS, CITY, STATE, ZIP CODE  730 LUNENBURG HIGHW  KEYSVILLE, VA 23947				
(X4) ID PREFIX TAG	(EACH DEFICIENC	ATEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL LSC IDENTIFYING INFORMATION)	ID PREFI TAG	×	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BI CROSS-REFERENCED TO THE APPROPRIA DEFICIENCY)		(X5) COMPLETION DATE
F 760	order for Novolog Ins and times, the blood the amount of insulin documented: 6/8/2022 at 4:30 p.m. 6/17/2022 at 11:30 a. given 6/18/2022 at 9:00 p.m. Review of the nurse's documentation that the physician to obtain or above 400.  The comprehensive condition of above 400.  The comprehensive conditions of hyperonic propersion of hyperonic pro	documented the above ulin. On the following dates sugar is documented and given or not given  - BS - 415 - 10 units given m BS - 509 - 10 units  n BS - 489 - 10 units given states failed to evidence the nurse contacted the orders for a blood sugar states for a blood sugar states. Potential for earlypoglycemia; Resident is et and/or treatment entions" documented in ick blood sugar) as ordered for facility protocol. d by the physician."	F	760	sliding scale insulin was administered physician orders. The Administrative in to include the Assistant Director of Nu (ADON) Treatment Nurse and Minimu Set nurse (MDS) will address all concidentified during the audit to include assessment of resident, notification of physician and re-training of staff. The Director of Nursing will review the MAI Tool weekly x 4 then monthly x 1 to er all concerns were addressed.  The Director of Nursing will present the findings of the MAR Audit Tool to the Executive Performance Improvement Committee monthly x 2 months. The Executive QAPI Committee will meet in for 2 months and review the MAR audit to determine trends and/or issues that need further interventions put in place determine the need for further frequent monitoring.	nurses rsing, m Data erns the R Audit nsure  (QAPI) monthly it Tool may and to	

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION  A. BUILDING		(X3) DATE SURVEY COMPLETED		
		495226	B. WING			С	
	ROVIDER OR SUPPLIER  NURSING AND REHAB		b. viino	STREE	T ADDRESS, CITY, STATE, ZIP CODE UNENBURG HIGHW VILLE, VA 23947	06/	23/2022
(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 CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIA DEFICIENCY)		(X5) COMPLETION DATE
F 760	above order for Novo with ASM #3. When a do if the blood sugar parameters, ASM #3 call me. When asked by the nurse's for the #3 stated not that she further stated if they documented, if it was say it wasn't done. If they (the nurses) need to the submit they (the nurses) need to the submit nursing. The policy of administration of a slift facility policy, "Admin Medication" failed to related to the administinsulin.  ASM #1, the administinsulin.  ASM #1, the administinsulin.	23/2022 at 10:09 a.m. The log insulin was reviewed asked what a nurse should is outside of the above stated they are supposed to if she had been contacted above blood sugars, ASM e could recall. ASM #3 called it should have been n't documented, we always the blood sugar is over 400 d to call me (ASM #3).  edication Administration" Any deviation from the nall be considered a for the right resident. 2. right medication. 3. In the right route. 5. By the right at time. All recognized bove principles shall be visor, immediately. The te a Medication Error Report ted to the Director of	F	760			

STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA (X2) MULTIPLE CONSTRUCTION AND PLAN OF CORRECTION IDENTIFICATION NUMBER: A. BUILDING			(X3) DATE SURVEY COMPLETED			
		495226	B. WING			23/2022
	ROVIDER OR SUPPLIER  NURSING AND REHAB	ILITATION CENTER	7	STREET ADDRESS, CITY, STATE, ZIP CODE 30 LUNENBURG HIGHW (EYSVILLE, VA 23947	1 007	2312022
(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 B CROSS-REFERENCED TO THE APPROPRIA DEFICIENCY)		(X5) COMPLETION DATE
F 760	tml.	vas obtained from the ov/druginfo/meds/a605013.h	F 760			
F 842 SS=E	(i) A facility may not resident-identifiable to (ii) The facility may reresident-identifiable to accordance with a coagrees not to use or except to the extent to do so.  §483.70(i) Medical re §483.70(i)(1) In accordance with a region of the extent to do so.  §483.70(i)(1) In accordance must maintain medical that are- (i) Complete; (ii) Accurately documing (iii) Readily accessible (iv) Systematically org.  §483.70(i)(2) The factual information contain regardless of the form records, except when (i) To the individual, or	at-identifiable information. elease information that is on the public. lease information that is on an agent only in intract under which the agent disclose the information in efacility itself is permitted.  cords. Identification that is on an agent only in intract under which the agent disclose the information in efacility itself is permitted.  cords. Identification that is on agent disclose the information in efacility itself is permitted.  cords. Identification that is on a gent disclose the information in efacility itself is permitted.  It is an agent only in intract under which accepted is and practices, the facility all records on each resident in the resident's records, in or storage method of the release is- If their resident permitted by applicable law;	F 842	On 6/23/22, the Director of Nursing (DO initiated an audit of all medication administration (MAR) records to include for resident #5 from 6/1/22-6/23/22. This is to ensure medications were administer physician order and/or staff documenter reason medication not administered with notification of the physician of medication administered for further recommendation DON will address all concerns identified the audit to include assessment of their and notification of the physician for further recommendations. The audit will be comby 6/24/22  On 6/23/22, the Assistant Director of Nursing (ADON) initiated an in-service with emphasis on documentation of meadministration on the MAR and/or notific of the physician when medication not administered for further recommendation service will be completed by 6/30/22. At 6/30/22, any nurse who has not receive in-service will receive the in-service pricinext scheduled work shift. All newly hire nurses will be in-serviced during oriental regarding following physician orders. The Administrative nurses to include As Director of Nursing, treatment nurse and minimum data set nurse (MDS) will revi MARs weekly x 4 weeks then monthly x	MAR s audit ered per d h on not n. The I during esident her npleted  with all orders dication cation cation d the or to ed attion esistant d ew	7/22/22

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		IDENTIFICATION NUMBER			LE CONSTRUCTION		(X3) DATE SURVEY COMPLETED	
						(		
		495226	B. WING_			06/	23/2022	
NAME OF PI	ROVIDER OR SUPPLIER			S <sup>-</sup>	TREET ADDRESS, CITY, STATE, ZIP CODE	L		
WAYLAND	NURSING AND REHAI	SII ITATION CENTER		73	30 LUNENBURG HIGHW			
				K	EYSVILLE, VA 23947			
(X4) ID PREFIX TAG	(EACH DEFICIENC	TATEMENT OF DEFICIENCIES CY MUST BE PRECEDED BY FULL LSC IDENTIFYING INFORMATION)	ID PREFI) TAG	×	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD B CROSS-REFERENCED TO THE APPROPRIA DEFICIENCY)		(X5) COMPLETION DATE	
F 842	with 45 CFR 164.506 (iv) For public health neglect, or domestic activities, judicial and law enforcement pur purposes, research	tted by and in compliance 3; activities, reporting of abuse, violence, health oversight d administrative proceedings, poses, organ donation purposes, or to coroners, funeral directors, and to avert ealth or safety as permitted e with 45 CFR 164.512.  Cility must safeguard medical gainst loss, destruction, or all records must be retained a required by State law; or ne date of discharge when ent in State law; or lars after a resident reaches e law.  Edical record must containtion to identify the resident; sident's assessments; ive plan of care and services by preadmission screening evaluations and lucted by the State; e's, and other licensed	F	342	month utilizing the MAR Audit Tool. The audit is to ensure medications were administered per physician order and/documented reason medication not administered with notification of the physician of medication not administer further recommendation. The ADON waddress all concerns identified during audit to include assessment of the reseand notification of the physician for fur recommendations. The Director of Nuwill review the MAR Audit Tool weekly weeks then monthly x 1 month to ensure concerns were addressed.  The Director of Nursing will present the findings of the MAR Audit Tool to the Executive Quality Assurance Performation Improvement (QAPI) committee month 2 months. The Executive QAPI Committee monthly for 2 months and retithe MAR Audit Tool to determine trend or issues that may need further intervent into place and to determine the net further frequency of monitoring.	or staff red for vill the ident ther rsing x 4 ure all e ance nly for ittee view ds and/ entions		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	1 ' '	(X2) MULTIPLE CONSTRUCTION A. BUILDING		(X3) DATE SURVEY COMPLETED	
		495226	B. WING _			C 06/23/2022	
WAYLAND NURSING AND REHABILITATION CENTER				STREET ADDRESS, CITY, STATE, ZIP CO 730 LUNENBURG HIGHW KEYSVILLE, VA 23947	DE	0012012022	
(X4) ID PREFIX TAG	(EACH DEFICIEN	TATEMENT OF DEFICIENCIES CY MUST BE PRECEDED BY FULL R LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF C (EACH CORRECTIVE ACTIC CROSS-REFERENCED TO TH DEFICIENCY	ON SHOULD BE HE APPROPRIATE	(X5) COMPLETION DATE	
F 842	the facility staff failed clinical record for on survey sample, Res.  The findings include The facility staff failed why (R5's) insulin would will be facility staff failed why (R5's) insulin would will be facility staff failed why (R5's) was admitted to that included by not diabetes mellitus (1).  On the most recent quarterly assessment reference date) of 0 scored 14 out of 15 for mental status), in cognitively intact for Section N0350 "Insuse the POS (physician 05/01/2022 through documented in part, 100/ML (millilliter). So (zero)-149=0 units; units, 250-299=3 units, 40 than) 450 or < (lees doctor). Accucheck bedtime. 01/5/2022  The eMAR (electron record) for (R5) date the physician's order of the eMAR revealed for the eman and the survey and the eman and the e	ation it was determined that d to maintain an accurate se of nine residents in the ident # 5 (R5).  Ed to document the reason as not administered.  The facility with a diagnoses limited to: type 2 (two)  MDS (minimum data set), a not with an ARD (assessment 5/10/2022, the resident on the BIMS (brief interview adicating the resident is making daily decisions. Ilin" coded (R5) as receiving ons in the past seven days.  Is order sheet) dated 05/31/2022 for (R5)  "Humalog (2) INJ (injection) as (sliding scale): 0  150-199=1 unit, 200-249=2 its, 300-349= 4units, 0-450=6 units, > (greater than) 60 call MD (medical selection) and the past seven days.	F8	42			

#### DEPARTMENT OF HEALTH AND HUMAN SERVICES

CENTERS FOR MEDICARE & MEDICAID SERVICES

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION A. BUILDING			(X3) DATE SURVEY COMPLETED	
		495226	B. WING	***			C <b>06/23/2022</b>
	ROVIDER OR SUPPLIER  D NURSING AND REH	ABILITATION CENTER		730 l	EET ADDRESS, CITY, STATE, ZIP CODE LUNENBURG HIGHW SVILLE, VA 23947	<u> </u>	00/23/2022
(X4) ID PREFIX TAG	(EACH DEFICIE	STATEMENT OF DEFICIENCIES NCY MUST BE PRECEDED BY FULL OR LSC IDENTIFYING INFORMATION)	ID PREFI TAG		PROVIDER'S PLAN OF CORRECT (EACH CORRECTIVE ACTION SHOU CROSS-REFERENCED TO THE APPRO DEFICIENCY)	LD BE	(X5) COMPLETION DATE
F 842	05/06/2022 at 4:30 05/14/2022 at 11:3 p.m., 05/25/2022 at 05/26/2022 at 4:30 review of the eMAR documentation und The eMAR (electrorecord) for (R5) dat the physician's ordeof the eMAR reveal circled and no evid amount of insulin of Further review of the documentation und The comprehensive 01/31/2020 docume Diabetes Mellitus: Inhyper/hypoglycemi Under "Intervention" "FSBS (fasting blood physician and/or pellitiated: 01/31/2020 The facility's nurse through 06/22/2022 (R5's) insulin was read times listed ab On 06/23/2022 at a interview was conducted above to circled. ASM # 2 we times listed above circled. ASM # 2 serviewing the eMAR for (R5) ASM # 2 we times listed above circled. ASM # 2 serviewing the eMAR for (R5) ASM # 2 we times listed above circled. ASM # 2 serviewing the eMAR for (R5) ASM # 2 we times listed above circled. ASM # 2 serviewing the eMAR for (R5) ASM # 2 serviewing the e	n 05/01/2022 at 4:30 p.m., p.m., 05/10/2022 at 4:30 p.m., 05/20/2022 at 4:30 p.m., on a.m., 05/20/2022 at 4:30 p.m. and 9:p.m. and on p.m. and 9:p.m. Further a failed to evidence be a failed to evidence failed to evidence be a failed to evidence be a failed to evidence by a failed to evidence failed to evidence failed to evidence reason why anot administered on the dates	F	842			

#### DEPARTMENT OF HEALTH AND HUMAN SERVICES

**CENTERS FOR MEDICARE & MEDICAID SERVICES** 

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:		(X2) MULTIPLE CONSTRUCTION  A. BUILDING		(X3) DATE SURVEY COMPLETED	
		495226	B. WING			1	0
NAME OF P	ROVIDER OR SUPPLIER	170220	0.7,0	STREET ADDRESS, C	CITY, STATE, ZIP CODE	06/	23/2022
18/45// 4.54				730 LUNENBURG H	IGHW		
WAYLANL	NURSING AND REHAL	BILITATION CENTER		KEYSVILLE, VA 2	:3947		
(X4) ID PREFIX TAG	(EACH DEFICIENC	TATEMENT OF DEFICIENCIES CY MUST BE PRECEDED BY FULL LSC IDENTIFYING INFORMATION)	ID PREFI TAG	(EACH C	VIDER'S PLAN OF CORRECTION CORRECTIVE ACTION SHOULD B EFERENCED TO THE APPROPRIA DEFICIENCY)		(X5) COMPLETION DATE
F 842		ould document the reason it	F	342			
	the nurse's notes. A notes and the back p ASM # 2 stated that	d on the back of the eMAR or fter reviewing the nurse's pages of the eMARs for (R5) there was no documentation in was held on the dates and					
	Manual" documented this facility are maint and accurate resider care. The medical reinformation to identifithe diagnosis and tre results accurately the resident's health care serves as the basis fevaluation of the care In addition, the medical triangle of the care and addition, the medical triangle of the care triangle of triangle of the care triangle of the care triangle of the care	e rendered to the resident. cal record enables another to assume the care of the					
	[administrative staff r ASM # 2, assistant a director of nursing, A	proximately 5:00 p.m., ASM member] # 1, administrator, dministrator, ASM # 3, SM # 4, administrator of W # 5, nurse consultant, were bove findings.					
	No further informatio	n was provided prior to exit.					
	Complaint deficiency						
	regulate the amount information was obta	e in which the body cannot of sugar in the blood. This ined from the website: gov/medlineplus/ency/article/					

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		IDENTIFICATION NUMBER:		IPLE CONSTRUCTION NG		(X3) DATE SURVEY COMPLETED	
		495226	B. WING_			C	
	ROVIDER OR SUPPLIER  NURSING AND REHAB			STREET ADDRESS, CITY, STATE, ZIP COD 730 LUNENBURG HIGHW KEYSVILLE, VA 23947		06/23/2022	
(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 CO ( (EACH CORRECTIVE ACTION CROSS-REFERENCED TO THE DEFICIENCY)	N SHOULD BE E APPROPRIATE	(X5) COMPLETION DATE	
F 842	001214.htm. (2) A rapid acting hur to improve glycemic owith diabetes mellitus obtained from the we https://dailymed.nlm.i	nan insulin analog indicated control in adults and children s. This information was	F8	342			