

State of Virginia

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: VA0156	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING _____	(X3) DATE SURVEY COMPLETED 05/17/2022
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NAME OF PROVIDER OR SUPPLIER MAPLE GROVE HEALTH CARE CENTER	STREET ADDRESS, CITY, STATE, ZIP CODE 318 SOUTH EAST MAIN STREET LEBANON, VA 24266
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(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETE DATE
F 000	<p>Initial Comments</p> <p>An unannounced biennial State Licensure Inspection was conducted 5/15/22 through 5/17/22. The facility was not in compliance with the Virginia Rules and Regulations for the Licensure of Nursing Facilities. Corrections are required.</p> <p>The census in this 60 licensed bed facility was 54 at the time of the survey. The survey sample consisted of 15 current Resident reviews and 2 closed record reviews.</p> <p>There were no complaints investigated.</p>	F 000		
F 001	<p>Non Compliance</p> <p>The facility was out of compliance with the following state licensure requirements:</p> <p>This RULE: is not met as evidenced by: Nursing Services 12 VAC 5-371-220 (B) - cross reference to F759</p>	F 001	<p>RN#1 was immediately in-serviced on safe medication administration Practices to adhere to the rights of medication administration including right resident, right medication, right dose, right time, right route, and right documentation by the Director of Nursing</p> <p>The attending physician for Resident #38 was notified by the RN Charge Nurse on 5/16/22 regarding the administration of the incorrect dosage of Vitamin D3 and Diltiazem and a new one-time order was obtained to administer Vitamin D3 1,000units and Diltiazem 90mg now to equal the right dosage was administered. The one-time order of Vitamin D3 1,000 units and Diltiazem 90mg was administered immediately by RN #1.</p>	5/31/22

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

Electronically Signed

TITLE

(X6) DATE

06/03/22

State of Virginia

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F 001	Continued From page 1	F 001	<p>All current residents in the center receiving medications have the potential to be affected by the deficient practice. The DON completed a medication pass observation on 05/18/22. No other residents were identified as being affected by the deficient practice. All Licensed Nurses were educated by the Director of Nursing on safe medication administration practices to adhere to the rights of medication administration including right resident, right medication, right dose, right time, right route, and right documentation on 05/27/22.</p> <p>All licensed nurses will administer medications safely while adhering to the rights of medications. The Director of Nursing/Designee will observe via direct observation Medication Administration three times weekly to ensure to the rights of medication administration including right resident, right medication, right dose, right time, right route, and right of safe medication administration are being followed.</p> <p>The results will be reported monthly to the Quality Assurance Committee for review by the Director of Nurses with corrective action taken as needed for 3 months then quarterly thereafter.</p> <p>The DON will be responsible for the implantation of the plan of correction.</p>	