STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	495250	A. BUILDING _____ B. WING _____	C 11/16/2022

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
GALAX HEALTH AND REHAB	836 GLENDALE RD GALAX, VA 24333

(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETION DATE
F 000	INITIAL COMMENTS An unannounced Medicare/Medicaid abbreviated survey was conducted 11/14/22 through 11/15/22. Corrections are required for compliance with the following 42 CFR Part 483 Federal Long Term Care requirements. Three (3) complaints were investigated during the survey: 1. VA00056762 - unsubstantiated 2. VA00055494 - unsubstantiated 3. VA00055370 - unsubstantiated The census in this 120 certified bed facility was 94 at the time of the survey. The survey sample consisted of 4 current resident reviews and 3 closed record reviews.	F 000		
F 609 SS=D	Reporting of Alleged Violations CFR(s): 483.12(b)(5)(i)(A)(B)(c)(1)(4) §483.12(c) In response to allegations of abuse, neglect, exploitation, or mistreatment, the facility must: §483.12(c)(1) Ensure that all alleged violations involving abuse, neglect, exploitation or mistreatment, including injuries of unknown source and misappropriation of resident property, are reported immediately, but not later than 2 hours after the allegation is made, if the events that cause the allegation involve abuse or result in serious bodily injury, or not later than 24 hours if the events that cause the allegation do not involve abuse and do not result in serious bodily injury, to the administrator of the facility and to other officials (including to the State Survey Agency and adult protective services where state law provides for jurisdiction in long-term care facilities) in	F 609		12/6/22

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE | TITLE | (X6) DATE

Electronically Signed | 12/01/2022

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	495250	A. BUILDING _____ B. WING _____	C 11/16/2022

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
GALAX HEALTH AND REHAB	836 GLENDALE RD GALAX, VA 24333

(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETION DATE
F 609	Continued From page 1 accordance with State law through established procedures. §483.12(c)(4) Report the results of all investigations to the administrator or his or her designated representative and to other officials in accordance with State law, including to the State Survey Agency, within 5 working days of the incident, and if the alleged violation is verified appropriate corrective action must be taken. This REQUIREMENT is not met as evidenced by: Based on staff interview, clinical record review, and facility document review, the facility staff failed to report a resident-to-resident altercation and failed to report an allegation of resident abuse within two (2) hours of when the allegation was made for 2 of 7 residents in the survey sample, Resident #1 and #2. The findings included: For Resident #1 and #2, the facility staff failed to report a resident-to resident altercation occurring on 10/31/22. For Resident #2, the facility staff failed to report an allegation of sexual assault within 2 hours on 11/01/22. Resident #1's diagnosis list indicated diagnoses, which included, but not limited to Hypertensive Urgency, Essential Hypertension, Alzheimer's Disease, Altered Mental Status, Metabolic Encephalopathy, and Chronic Kidney Disease Stage 3. Resident #1's most recent minimum data set (MDS) with an assessment reference date (ARD) of 9/28/22 assigned the resident a brief interview for mental status (BIMS) summary score of 5 out	F 609	1) Resident #1 no longer resides in the facility. Resident #2 remains at the facility and has been free from resident to resident altercations. 2) Residents that are involved in a resident to resident altercation have the potential to be affected by this practice. 3) Current staff re-educated on facility abuse policy and procedures to ensure reporting an allegation of abuse in a timely manner. 4) The Administrator or designee will review incidents weekly for one month, then monthly for two months for compliance with abuse policy on reporting timely. Results of audits will be reviewed at the monthly QAPI meeting.	

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	495250	A. BUILDING _____ B. WING _____	C 11/16/2022

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
GALAX HEALTH AND REHAB	836 GLENDALE RD GALAX, VA 24333

(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETION DATE
F 609	Continued From page 2	F 609		

of 15 indicating the resident was severely cognitively impaired. Resident #1 was coded as being independent with bed mobility, transfers, and walking.

Resident #2's diagnosis list indicated diagnoses, which included, but not limited to Seizures, Vascular Dementia, and Mood Disorder.

Resident #2's most recent MDS with an ARD of 10/17/22 coded the resident as being severely impaired in cognitive skills for daily decision making with short-term and long-term memory problems. Resident #2 was coded as requiring limited assistance with bed mobility, transfers and requiring supervision only with walking.

Resident #2's clinical record included a late entry SBAR (Situation, Background, Assessment, Response) - Change of Condition note dated 10/31/22 12:39 am which stated in part "Another resident wandered into this resident's room and pushed this resident on to (his/her) bed. Witnessed by CNA (certified nursing assistant), resident assessed for injuries with no injuries noted ...Residents immediately separated, resident assessed for injuries, no injuries noted ...DON (director of nursing) made aware at 0024 (12:24 am) ..."

On 11/14/22 at 9:52 pm, surveyor spoke with CNA #2 who was working with Resident #1 and #2 on 10/31/22. CNA #2 stated about 1:00 am on 10/31/22, she was assisting Resident #2 to bed when she heard a door slam out in the hall and she went and found Resident #1 in another resident's room where (he/she) had uncovered another resident. CNA #2 assisted Resident #1 out of the room and turned back to recover the

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	495250	A. BUILDING _____ B. WING _____	C 11/16/2022

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
GALAX HEALTH AND REHAB	836 GLENDALE RD GALAX, VA 24333

(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETION DATE
F 609	Continued From page 3	F 609		

resident and during this time Resident #1 had entered Resident #2's room. CNA entered Resident #2's room and Resident #1 had pushed Resident #2 down onto (his/her) bed and was standing over (him/her). Resident #1's pants were unzipped and unbuttoned. CNA #2 stated she stepped in between the two residents and buttoned Resident #1's pants. Resident #1 then shoved CNA #2 outside of the room and the CNA stopped the door from closing by blocking it with her foot. CNA #2 was able to get back fully in the room at which time Resident #1 had hold of Resident #2's hair. CNA #2 was able to get in between the residents and Resident #1 grabbed the CNA by the throat and pushed her against the wall. CNA #2 was able to free herself, wedged the door open and opened up the unit double doors and yelled for assistance. CNA #2 stated she did not see Resident #1 touching Resident #2 other than grabbing (his/her) hair.

On 11/15/22 at 10:15 am, surveyor spoke with the administrator who stated the altercation between Resident #1 and #2 was not reported because the facility practice was if the involved residents had low BIMS scores and if there were no injuries, they do not report the altercation.

On 11/15/22 at 1:00 pm, surveyor spoke with the director of nursing, (DON) and asked why the altercation between Resident #1 and #2 was not reported. The DON stated it was because both residents had a diagnosis of dementia and there were no injuries.

On 11/15/22 at 1:54 pm, surveyor spoke with the administrator who stated early to mid-day on 11/01/22 Resident #2's (adult child) came in and said (he/she) had heard it was possible that

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	495250	A. BUILDING _____ B. WING _____	C 11/16/2022

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
GALAX HEALTH AND REHAB	836 GLENDALE RD GALAX, VA 24333

(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETION DATE
F 609	Continued From page 4	F 609		

(his/her) (parent) was sexually assaulted. The (adult child) would not reveal the source of (his/her) information or why (he/she) thought it may have happened.

Surveyor requested and received a copy of the initial FRI dated 11/02/22 stating in part "Incident Date: 11/01/22 (NHA [nursing home administrator] informed) ...Resident (#2)'s (adult child) (name omitted) alleges that a sexual assault occurred during the night shift that began on 10/30/22 and ended the morning of 10/31/22 ..." The fax confirmation for the initial 11/02/22 FRI notifications were time stamped as follows: Virginia Department of Health Office of Licensure and Certification 11/02/22 4:42 pm, Adult Protective Services 11/02/22 4:43 pm, and the local ombudsman 11/02/22 at 4:44 pm, indicating a greater than 24-hour delay in notification.

The administrator also provided a copy of the final FRI follow-up report which stated in part "On November 2, 2022, the facility reported an FRI for an allegation of a sexual assault by the (adult child), (name omitted) of resident (#2). (Name omitted) alleged that resident (#1) sexually assaulted (his/her) (parent) on October 31, 2022 ...On October 31, 2022, at approximately 1:00 am (Resident #1) was going into other resident rooms. CNA (#2) was following (him/her) and redirecting (him/her) out of the rooms. CNA (#2) was following (him/her) when (he/she) entered (Resident #2's) room. CNA (#2) attempted to redirect (Resident #1) out of the room when (he/she) became agitated. (He/she) attempted to grab (Resident #2's) hair, shoved CNA (#2) and then shoved (Resident #2) onto (his/her) bed. (Resident #1) then grabbed CNA (#2) by the throat and pinned her against the wall, CNA (#2)

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	495250	A. BUILDING _____ B. WING _____	C 11/16/2022

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
GALAX HEALTH AND REHAB	836 GLENDALE RD GALAX, VA 24333

(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETION DATE
F 609	Continued From page 5	F 609		

freed herself from (Resident #1's) grip and sought assistance from staff. Staff responded and were able to redirect (Resident #1) back to (his/her) room ... (Resident #2's adult child) was notified of the event and did not have any concerns upon initial notification. On November 1, 2022 (Resident #2's adult child) spoke to the NHA regarding the incident and was concerned that a sexual assault had occurred. NHA advised that an investigation into the incident had begun, and that the investigation conducted thus far did not lead us to believe that a sexual assault had occurred. NHA advised that we would re-interview staff. (Resident #2's adult child) stated that (he/she) had a source that was telling (him/her) different information. NHA asked for (his/her) source to further the investigation, (Resident #2's adult child) refused to reveal (his/her) source. Staff were re-interviewed, and their statements remained consistent with what was shared with the DON the night of the incident. (Resident #1) was placed in 1:1 during the investigation, 1:1 was ended at the conclusion of the investigation ...The facility investigation did not conclude nor confirm who informed family member there was a sexual assault ..."

On 11/15/22 at 1:54 pm, surveyor spoke with the administrator and asked why the initial FRI was not submitted within the required 2-hour time frame. The administrator stated they did not think it was a sexual assault and it had already been investigated.

Surveyor obtained a police report from the responding local police department dated 11/02/22. The report read in part " ...It is believed by all involved individuals that there was no sexual assault that took place but rather a

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	495250	A. BUILDING _____ B. WING _____	C 11/16/2022

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
GALAX HEALTH AND REHAB	836 GLENDALE RD GALAX, VA 24333

(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETION DATE
F 609	Continued From page 6 physical assault involving two residents of the dementia wing ..." On 11/15/22 at 2:36 pm, the survey team met with the administrator and DON and discussed the concern of the facility staff failing to report an allegation of resident abuse within the 2-hour required time frame. No further information regarding this concern was presented to the survey team prior to the exit conference on 11/15/22.	F 609		
F 684 SS=D	Quality of Care CFR(s): 483.25 § 483.25 Quality of care Quality of care is a fundamental principle that applies to all treatment and care provided to facility residents. Based on the comprehensive assessment of a resident, the facility must ensure that residents receive treatment and care in accordance with professional standards of practice, the comprehensive person-centered care plan, and the residents' choices. This REQUIREMENT is not met as evidenced by: Based on staff interview, clinical record review and facility document review the facility staff failed to provide care and treatment to meet the needs of the residents for 3 of 7 residents, Resident #4, Resident #3, and Resident #7. The findings included: 1. For Resident #4 the facility staff failed to follow physician's orders for the administration of the medication, Neurontin.	F 684	1) Residents #3 and #4 are no longer at the facility. Resident #7's physician was notified of medications not being administered with no negative outcomes. 2) Residents who have orders for Neurontin, Meropenem, Ipratropium-albuterol solution and Lovenox injection have the potential to be affected by this practice. 3) Licensed nursing staff will be	12/6/22

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	495250	A. BUILDING _____ B. WING _____	C 11/16/2022

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
GALAX HEALTH AND REHAB	836 GLENDALE RD GALAX, VA 24333

(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETION DATE
F 684	Continued From page 7 Resident #4's face sheet listed diagnoses which included but not limited to diabetes mellitus, cerebrovascular accident, neuralgia and neuritis. Resident #4's admission minimum data set with an assessment reference date of 05/29/22 assigned the resident a brief interview for mental status score of 2 out of 15 in section C, cognitive patterns. This indicates that the resident is severely cognitively impaired. Resident #4's clinical record was reviewed on 11/14/22 and contained a signed physician's order summary for the month of May 2022, which read in part "Neurontin Capsule 100 mg (Gabapentin) Give 2 capsule by mouth two times a day for Neuropathy". Resident #4's electronic medication administration record (eMAR) for the month of May 2022 was reviewed and contained an entry which read in part, "Neurontin Capsule 100 mg (Gabapentin) Give 2 capsule by mouth two times a day for Neuropathy." This entry was coded with "7" on 05/20/22, 05/21/22, 05/23/22 and 05/24/22 at 10 pm, and 05/24/22 at 10 am. The entry was coded "3" on 05/22/22 for both administration times. Chart coded "7" is equivalent to "Other/See Nurses Notes.". Chart code "3" is equivalent to "Hold/See Nurses Notes." Resident #4's nursing progress notes were reviewed and contained notes which read in part, "5/20/2022 21:24 eMAR-Medication Administration Note Note Text: Neurontin 100 mg give 2 capsule by mouth two times a day for Neuropathy meds not available from pharmacy, new admission.", "5/21/2022 21:47 eMAR-Medication Administration Note Note Text:	F 684	re-educated by the DON or designee on ensuring Neurontin, Meropenem, Ipratropium-albuterol solution and Lovenox injection are available and administered per physician's order. 4) Audits of residents who have Neurontin, Meropenem, Ipratropium-albuterol solution and Lovenox injection orders will be conducted by the DON or designee to ensure medications are available and administered per physician's order weekly for one month, then monthly for two months. Results of audits will be reviewed at the monthly QAPI meeting.	

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	495250	A. BUILDING _____ B. WING _____	C 11/16/2022

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
GALAX HEALTH AND REHAB	836 GLENDALE RD GALAX, VA 24333

(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETION DATE
F 684	Continued From page 8	F 684		

Neurontin 100 mg give 2 capsule by mouth two times a day for neuropathy new admit awaiting delivery", "5/22/2022 11:13 eMAR-Medication Administration Note Note Text: Neurontin 100 mg give 2 capsule by mouth two time a day for Neuropathy. Medication not available, MD and pharmacy aware. Hold til available.", "5/22/2022 22:28 eMAR-Medication Administration Note Note Text: Neurontin 100 mg give 2 capsule by mouth two times a day for Neuropathy. Hold until available.", "5/23/2022 22:01 eMAR-Medication Administration Note Note Text: Neurontin 100 mg capsule give 2 capsule by mouth two times a day for Neuropathy. awaiting delivery.", "05/24/2022 09:09 eMAR-Medication Administration Note Note Text: Neurontin 100 mg give 2 capsule by mouth two times a day for Neuropathy new admission, waiting on meds from pharmacy.", and "5/24/2022 21:22 eMAR-Medication Administration Note Note Text: Neurontin Capsule 100 MG Give 2 capsule by mouth two times a day for Neuropathy. On order."

Surveyor requested and was provided with a facility policy entitled "Ordering and Receiving Non-Controlled Medications", which read in part "1a. All new medication orders are transmitted to the pharmacy. 1e. New medications, except for emergency or 'stat' medications, are ordered as follows: If the first dose of medication is scheduled to be given before the next regularly scheduled pharmacy delivery, please telephone or transmit the medications order to the pharmacy immediately upon receipt. Inform the pharmacy of the need for prompt delivery. Timely delivery of new orders is required so that medication administration is not delayed. If available, the emergency kit is used when the resident needs a non-controlled medication prior

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	495250	A. BUILDING _____ B. WING _____	C 11/16/2022

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
GALAX HEALTH AND REHAB	836 GLENDALE RD GALAX, VA 24333

(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETION DATE
F 684	Continued From page 9	F 684		

to pharmacy delivery." The policy did not address the ordering of controlled medications.

Surveyor requested and was provided with a list of medications available in the facility stat medication kit. This list included Neurontin 100 mg and indicated that nine capsules were in the kit. The surveyor was also provided with a list of medication available in the control medications box. This list also included Neurontin 100 mg and indicated that 10 capsules were in the kit.

Surveyor spoke with the director of nursing (DON) on 11/15/22 at 9:45 am regarding Resident #4's Neurontin not being administered. Surveyor asked DON what the procedure is when medications are not available, and DON stated nurses should call the pharmacy after hours, try to get medication from back-up pharmacy. Surveyor asked DON if the nurses automatically write a hold order, when the medication is not available, and DON stated they must contact the provider prior to writing a hold order. Surveyor referred the DON to the lists of medications available in the stat box and control medication box and asked why the medication was not pulled from either source. DON stated it was probably because they did not have a prescription for the Neurontin, since it is a control medication.

Surveyor spoke with the physician on 11/15/22 at 10:40 am. Surveyor asked the physician if the facility has standing orders to hold a medication if it is not available, and physician stated they have no standing orders to hold medications for availability. Surveyor asked the physician how controlled medications are handled for new admissions from the hospital, and physician stated they would expect the hospital to send the

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	495250	A. BUILDING _____ B. WING _____	C 11/16/2022

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
GALAX HEALTH AND REHAB	836 GLENDALE RD GALAX, VA 24333

(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETION DATE
F 684	Continued From page 10	F 684		

prescriptions for controlled medications prior to admission. The physician also stated that if prescription is not sent from the hospital, a provider is always on call and can give a prescription the same day.

The concern of not administering the resident's Neurontin per the physician's order was discussed with the administrator and DON on 11/15/22 at 2:35 pm.

No further information was provided prior to exit.

2. For Resident #3, facility staff failed to clarify the number of doses of meropenem intravenous antibiotic ordered on admission.

Resident #3 was admitted to the facility on 4/9/22. Diagnoses included sepsis, acute pancreatitis, cholecystitis with cholecystectomy,hypertension, elevated levels of liver transaminase, depression, anxiety, dysphagia muscle weakness, and difficulty walking. On the admission minimum data set assessment with assessment reference date 4/13/22, the resident scored 12/13 on the Brief Interview for Mental Status, indicating the resident's memories were generally intact and the resident was able to make decisions concerning care and treatment. The resident's assessment indicated the resident was able to self-feed with supervision and the resident was able to ambulate in the room and to the bathroom with a walker and 1 person assist.

Clinical record review revealed: The medication administration record (MAR) indicated the resident had received meropenem intravenous

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	495250	A. BUILDING _____ B. WING _____	C 11/16/2022

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
GALAX HEALTH AND REHAB	836 GLENDALE RD GALAX, VA 24333

(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETION DATE
F 684	Continued From page 11	F 684		

injections. The MAR order read "Meropenem Solution Reconstituted 500 mg use 500 mg intravenously every 6 hours for sepsis until 4/13/2022 14:34". The first two doses listed on the MAR were 4/9/22 at 18:00 and 4/10/22 at 00:00 and were marked 3=Hold/see nurse's note. The surveyor requested the resident's orders. The Order list given to the surveyor did not list meropenem. The surveyor asked the director of nursing (DON) for the meropenem orders. The surveyor was given a print-out of a progress note: eMAR-Medication administration note 4/9/22 at 20:44 "Meropenem Solution Reconstituted 500 mg use 500 mg intravenously every 6 hours for sepsis until 4/13/2022 14:34 Medication not available, MD aware, hold till available." No hold order was entered in the clinical record. The surveyor was unable to discover the origin or wording of the original order. It was unclear whether the original order was for the 16 doses originally placed on the MAR or if the order was for the antibiotic to administered every 6 hours prior to the stop time and date entered on the MAR.

The physician admission assessment signed 4/10/22 stated the resident was on meropenem for sepsis, but did not indicate the number of doses to be administered or reference holding the antibiotic due to lack of availability.

The surveyor discussed the concern several times through the course of the survey. The surveyor determined the ordering physician likely intended the full 16 doses be administered to the resident. The administrator, director of nursing, and assistant director of nursing were notified of the unresolved issue during a summary conference on 11/15/2022.

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	495250	A. BUILDING _____ B. WING _____	C 11/16/2022

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
GALAX HEALTH AND REHAB	836 GLENDALE RD GALAX, VA 24333

(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETION DATE
F 684	Continued From page 12	F 684		

3. For Resident #7, facility staff failed to document orders/reasons medications were not administered and notification to physician.

Resident #7 was admitted to the facility with diagnoses including cerebral infarct, hemiplegia and hemiparesis, peripheral vascular disease, hypertension, cardiopulmonary disease, and hypertension. On the quarterly minimum data set assessment with assessment reference date 9/13/22, the resident scored 15/15 on the brief interview for mental status and was assessed as without signs of delirium, psychosis, or behavior affecting care.

During clinical record review, the surveyor noted the Medication Administration Record (MAR) documented ipratroprium-albuterol solution 0.5-2.5 (3mg/3ml) 3 ml orally via nebulizer three times a day for cough and wheezing for 5 days was documented as 7=see nurse notes on 4/2 at 22:00. The surveyor was unable to locate a nurse's note. No reason was documented for failure to administer the medication. The MAR documented Lovenox 30 mg prefilled syringe inject 1 dose subcutaneously one time a day on 11/1/22 as 3=hold/see nurse note. The surveyor was unable to locate a nurse note. The DON offered a e-MAR Medication Administration Note dated 11/1/2022 at 7:19 AM "awaiting delivery". There was no evidence the physician was notified or that a hold order was issued.

The surveyor spoke with the director of nursing on 11/15/22 about the concern that documentation indicated medications had not been administered and the physician had not been notified.

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	495250	A. BUILDING _____ B. WING _____	C 11/16/2022

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
GALAX HEALTH AND REHAB	836 GLENDALE RD GALAX, VA 24333

(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETION DATE
F 684	Continued From page 13 The administrator, director of nursing, and assistant director of nursing were notified of concerns during a summary meeting.	F 684		
F 755 SS=D	Pharmacy Srvcs/Procedures/Pharmacist/Records CFR(s): 483.45(a)(b)(1)-(3) §483.45 Pharmacy Services The facility must provide routine and emergency drugs and biologicals to its residents, or obtain them under an agreement described in §483.70(g). The facility may permit unlicensed personnel to administer drugs if State law permits, but only under the general supervision of a licensed nurse. §483.45(a) Procedures. A facility must provide pharmaceutical services (including procedures that assure the accurate acquiring, receiving, dispensing, and administering of all drugs and biologicals) to meet the needs of each resident. §483.45(b) Service Consultation. The facility must employ or obtain the services of a licensed pharmacist who- §483.45(b)(1) Provides consultation on all aspects of the provision of pharmacy services in the facility. §483.45(b)(2) Establishes a system of records of receipt and disposition of all controlled drugs in sufficient detail to enable an accurate reconciliation; and §483.45(b)(3) Determines that drug records are in order and that an account of all controlled drugs is maintained and periodically reconciled.	F 755		12/6/22

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	495250	A. BUILDING _____ B. WING _____	C 11/16/2022

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
GALAX HEALTH AND REHAB	836 GLENDALE RD GALAX, VA 24333

(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETION DATE
F 755	Continued From page 14 This REQUIREMENT is not met as evidenced by: Based on staff interview, clinical record review the facility failed to ensure medications were available for administration for 1 of 7 residents, Resident #4. The findings included: For Resident #4 the facility staff failed to ensure the medication Insulin Lispro 75-25 was available for administration. Resident #4's face sheet listed diagnoses which included but not limited to diabetes mellitus. Resident #4's admission minimum data set with an assessment reference date of 05/29/22 assigned the resident a brief interview for mental status score of 2 out of 15 in section C, cognitive patterns. This indicates that the resident is severely cognitively impaired. Resident #4's clinical record was reviewed and contained a physician's order summary for the month of May 2022, which read in part "Insulin Lispro Prot & Lispro Suspension (75-25 100 Unit/ml. Inject 30 units subcutaneously two times a day related to Type 2 Diabetes Mellitus without complications (E11.9)." Resident #4's electronic medication administration record for the month of May 2022 was reviewed and contained an entry which read in part, "Insulin Lispro Prot & Lispro Suspension (75-25) 100 unit/ml. Inject 30 unit subcutaneously two times a day related to Type 2 Diabetes Mellitus without complication (E11.9)." This entry was blank on 05/20/22 at 4:30 pm. The entry was	F 755	1) Resident #4 is no longer at the facility. 2) Residents with orders for Insulin Lispro have the potential to be affected by this practice. 3) Licensed nursing staff will be re-educated by the DON or designee on ensuring Insulin Lispro is available for administration per physician's order. 4) Audits of residents who have Insulin Lispro orders will be conducted by the DON or designee to ensure medication is available per physician's order weekly for one month, then monthly for two months. Results of audits will be reviewed at the monthly QAPI meeting.	

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	495250	A. BUILDING _____ B. WING _____	C 11/16/2022

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
GALAX HEALTH AND REHAB	836 GLENDALE RD GALAX, VA 24333

(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETION DATE
F 755	Continued From page 15	F 755		

coded "3" on 11/21/22 at 7:30 am and "H" on 11/21/22 at 4:30 pm and 11/22/22 at 7:30 am. The chart code "3" is the equivalent of "Hold/See Nurse Notes". Chart code "H" is equivalent of "hold".

Resident #4's nurses' notes were reviewed and contained a nurses' note, which read in part "5/21/22 08:54 Note Text: Insulin Lispro Prot & Lispro Suspension (75-25) 100 unit/ml. Inject 30 unit subcutaneously two times a day related to diabetes mellitus without complication (E11.19). Call to NP (nurse practitioner) on call new order received to hold unit available from pharmacy."

Surveyor spoke with the director of nursing (DON) on 11/15/22 at 9:45 am regarding Resident #4's insulin not being administered. Surveyor asked DON what the procedure is when medications are not available, and DON stated nurses should call the pharmacy after hours, try to get medication from back-up pharmacy. Surveyor asked DON if the nurses automatically write a hold order, when the medication is not available, and DON stated they must contact the provider prior to writing a hold order.

Surveyor spoke with the facility physician on 11/15/22 at 10:40 am. Surveyor asked physician if they gave orders to hold insulin if it was not available for administration, and physician stated they would give alternate insulin orders if current insulin ordered was not available, and that they would never give an order to hold insulin. Physician also stated the resident would have to have their insulin.

Surveyor spoke with the facility FNP (family nurse practitioner) on 11/15/22 at 10:50 am. Surveyor

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	495250	A. BUILDING _____ B. WING _____	C 11/16/2022

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
GALAX HEALTH AND REHAB	836 GLENDALE RD GALAX, VA 24333

(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETION DATE
F 755	Continued From page 16 asked FNP if they ever gave orders to hold insulin due to availability, and FNP stated they did not give orders to hold insulin, and stated they did not understand why the insulin would not have been available, since it could be pulled from the stat box. Surveyor requested and was provided with a list of medications available in the facility stat box. This list did not include Insulin Lispro. The concern of not having the resident's insulin available for administration was discussed with the administrator and DON on 11/15/22 at 2:35 pm. No further information was provided prior to exit.	F 755		
F 760 SS=D	Residents are Free of Significant Med Errors CFR(s): 483.45(f)(2) The facility must ensure that its- §483.45(f)(2) Residents are free of any significant medication errors. This REQUIREMENT is not met as evidenced by: Based on staff interview and clinical record review the facility staff failed to ensure residents were free of significant medication errors for 1 of 7 residents, Resident #4. The findings included: For Resident #4 the facility staff failed to administer the medication Insulin Lispro per the physician's order Resident #4's face sheet listed diagnoses which included but not limited to diabetes mellitus.	F 760	1) Resident #4 is no longer at the facility. 2) Residents receiving Insulin Lispro have the potential to be affected by this practice. 3) Licensed nursing staff will be re-educated by the DON or designee on ensuring Insulin Lispro is administered per physician's order. 4) Audits of residents who have Insulin Lispro orders will be conducted by the	12/6/22

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	495250	A. BUILDING _____ B. WING _____	C 11/16/2022

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
GALAX HEALTH AND REHAB	836 GLENDALE RD GALAX, VA 24333

(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETION DATE
F 760	Continued From page 17 Resident #4's admission minimum data set with an assessment reference date of 05/29/22 assigned the resident a brief interview for mental status score of 2 out of 15 in section C, cognitive patterns. This indicates that the resident is severely cognitively impaired. Resident #4's clinical record was reviewed and contained a physician's order summary for the month of May 2022, which read in part "Insulin Lispro Prot & Lispro Suspension (75-25 100 Unit/ml. Inject 30 units subcutaneously two times a day related to Type 2 Diabetes Mellitus without complications (E11.9)." Resident #4's electronic medication administration record for the month of May 2022 was reviewed and contained an entry which read in part, "Insulin Lispro Prot & Lispro Suspension (75-25) 100 unit/ml. Inject 30 unit subcutaneously two times a day related to Type 2 Diabetes Mellitus without complication (E11.9)." This entry was blank on 05/20/22 at 4:30 pm. The entry was coded "3" on 11/21/22 at 7:30 am and "H" on 11/21/22 at 4:30 pm and 11/22/22 at 7:30 am. The chart code "3" is the equivalent of "Hold/See Nurse Notes". Chart code "H" is equivalent of "hold". Resident #4's nurses' notes were reviewed and contained a nurses' note, which read in part "5/21/22 08:54 Note Text: Insulin Lispro Prot & Lispro Suspension (75-25) 100 unit/ml. Inject 30 unit subcutaneously two times a day related to diabetes mellitus without complication (E11.19). Call to NP (nurse practitioner) on call new order received to hold unit available from pharmacy."	F 760	DON or designee to ensure medication is administered per physician's order weekly for one month, then monthly for two months. Results of audits will be reviewed at the monthly QAPI meeting.	

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	495250	A. BUILDING _____ B. WING _____	C 11/16/2022

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
GALAX HEALTH AND REHAB	836 GLENDALE RD GALAX, VA 24333

(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETION DATE
F 760	Continued From page 18	F 760		

Surveyor spoke with the director of nursing (DON) on 11/15/22 at 9:45 am regarding Resident #4's insulin not being administered. Surveyor asked DON what the procedure is when medications are not available, and DON stated nurses should call the pharmacy after hours, try to get medication from back-up pharmacy. Surveyor asked DON if the nurses automatically write a hold order, when the medication is not available, and DON stated they must contact the provider prior to writing a hold order.

Surveyor spoke with the facility physician on 11/15/22 at 10:40 am. Surveyor asked physician if they gave orders to hold insulin if it was not available for administration, and physician stated they would give alternate insulin orders if current insulin ordered was not available, and that they would never give an order to hold insulin. Physician also stated the resident would have to have their insulin.

Surveyor spoke with the facility FNP (family nurse practitioner) on 11/15/22 at 10:50 am. Surveyor asked FNP if they ever gave orders to hold insulin due to availability, and FNP stated they did not give orders to hold insulin and stated they did not understand why the insulin would not have been available, since it could be pulled from the stat box.

Surveyor requested and was provided with a list of medications available in the facility stat box. This list did not include Insulin Lispro.

The concern of not administering the resident's insulin per the physician's order was discussed with the administrator and DON on 11/15/22 at 2:35 pm.

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	495250	A. BUILDING _____ B. WING _____	C 11/16/2022

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
GALAX HEALTH AND REHAB	836 GLENDALE RD GALAX, VA 24333

(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETION DATE
F 760	Continued From page 19 No further information was provided prior to exit.	F 760		
F 842 SS=D	Resident Records - Identifiable Information CFR(s): 483.20(f)(5), 483.70(i)(1)-(5) §483.20(f)(5) Resident-identifiable information. (i) A facility may not release information that is resident-identifiable to the public. (ii) The facility may release information that is resident-identifiable to an agent only in accordance with a contract under which the agent agrees not to use or disclose the information except to the extent the facility itself is permitted to do so. §483.70(i) Medical records. §483.70(i)(1) In accordance with accepted professional standards and practices, the facility must maintain medical records on each resident that are- (i) Complete; (ii) Accurately documented; (iii) Readily accessible; and (iv) Systematically organized §483.70(i)(2) The facility must keep confidential all information contained in the resident's records, regardless of the form or storage method of the records, except when release is- (i) To the individual, or their resident representative where permitted by applicable law; (ii) Required by Law; (iii) For treatment, payment, or health care operations, as permitted by and in compliance with 45 CFR 164.506; (iv) For public health activities, reporting of abuse, neglect, or domestic violence, health oversight activities, judicial and administrative proceedings,	F 842		12/6/22

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	495250	A. BUILDING _____ B. WING _____	C 11/16/2022

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
GALAX HEALTH AND REHAB	836 GLENDALE RD GALAX, VA 24333

(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETION DATE
F 842	Continued From page 20 law enforcement purposes, organ donation purposes, research purposes, or to coroners, medical examiners, funeral directors, and to avert a serious threat to health or safety as permitted by and in compliance with 45 CFR 164.512. §483.70(i)(3) The facility must safeguard medical record information against loss, destruction, or unauthorized use. §483.70(i)(4) Medical records must be retained for- (i) The period of time required by State law; or (ii) Five years from the date of discharge when there is no requirement in State law; or (iii) For a minor, 3 years after a resident reaches legal age under State law. §483.70(i)(5) The medical record must contain- (i) Sufficient information to identify the resident; (ii) A record of the resident's assessments; (iii) The comprehensive plan of care and services provided; (iv) The results of any preadmission screening and resident review evaluations and determinations conducted by the State; (v) Physician's, nurse's, and other licensed professional's progress notes; and (vi) Laboratory, radiology and other diagnostic services reports as required under §483.50. This REQUIREMENT is not met as evidenced by: Based on staff interview and clinical record review , facility staff failed to ensure a complete and accurate clinical to include hold orders for medications not administered for 2 of 7 residents in the survey sample (Residents #3 and #7). 1. For Resident #3, facility staff failed to	F 842	1) Resident #3 is no longer at the facility. Resident #7's physician was notified of medication not being administered with no negative outcomes. 2) Residents who have orders for Meropenem, Ipratropium-albuterol	

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	495250	A. BUILDING _____ B. WING _____	C 11/16/2022

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
GALAX HEALTH AND REHAB	836 GLENDALE RD GALAX, VA 24333

(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETION DATE
F 842	Continued From page 21 administer meropenem intravenous antibiotic upon admission. Resident #3 was admitted to the facility on 4/9/22. Diagnoses included sepsis, acute pancreatitis, cholecystitis with cholecystectomy,hypertension, elevated levels of liver transaminase, depression, anxiety, dysphagia muscle weakness, and difficulty walking. On the admission minimum data set assessment with assessment reference date 4/13/22, the resident scored 12/13 on the Brief Interview for Mental Status, indicating the resident's memories were generally intact and the resident was able to make decisions concerning care and treatment. The resident's assessment indicated the resident was able to self-feed with supervision and the resident was able to ambulate in the room and to the bathroom with a walker and 1 person assist. Clinical record review revealed: The medication administration record (MAR) indicated the resident had received meropenem intravenous injections. The MAR order read "Meropenem Solution Reconstituted 500 mg use 500 mg intravenously every 6 hours for sepsis until 4/13/2022 14:34". The first two doses listed on the MAR were 4/9/22 at 18:00 and 4/10/22 at 00:00 and were marked 3=Hold/see nurse's note. The surveyor requested the resident's orders. The Order list given to the surveyor did not list meropenem. The surveyor asked the director of nursing (DON) for the meropenem orders. The surveyor was given a print-out of a progress note: eMAR-Medication administration note 4/9/22 at 20:44 "Meropenem Solution Reconstituted 500 mg use 500 mg intravenously every 6 hours for sepsis until 4/13/2022 14:34 Medication not available, MD aware, hold till available." No hold	F 842	solution and Lovenox injection have the potential to be affected by this practice. 3) Licensed nursing staff will be re-educated by the DON or designee on complete and accurate documentation, to include hold orders, for medications not administered. 4) Audits will be conducted weekly for one month, then monthly for two months to ensure complete and accurate documention, hold orders and notification to physician for medications not administered. Results of audits will be reviewed at the monthly QAPI meeting.	

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	495250	A. BUILDING _____ B. WING _____	C 11/16/2022

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
GALAX HEALTH AND REHAB	836 GLENDALE RD GALAX, VA 24333

(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETION DATE
F 842	Continued From page 22	F 842		

order was entered. The surveyor was unable to discover the origin or wording of the original order. It was unclear whether the original order was for the 16 doses originally placed on the MAR or if the order was for the antibiotic to administered every 6 hours prior to the stop time and date entered on the MAR.

The physician admission assessment signed 4/10/22 stated the resident was on meropenem for sepsis, but did not indicate the number of doses to be administered or reference holding the antibiotic due to lack of availability.

The surveyor discussed the concern several times through the course of the survey. The administrator, director of nursing, and assistant director of nursing were notified of the unresolved issue during a summary conference on 11/15/2022.

2. For Resident #7, facility staff failed to document orders/reasons medications were not administered and notification to physician.

Resident #7 was admitted to the facility with diagnoses including cerebral infarct, hemiplegia and hemiparesis, peripheral vascular disease, hypertension, cardiopulmonary disease, and hypertension. On the quarterly minimum data set assessment with assessment reference date 9/13/22, the resident scored 15/15 on the brief interview for mental status and was assessed as without signs of delirium, psychosis, or behavior affecting care.

During clinical record review, the surveyor noted the Medication Administration Record (MAR) documented ipratroprium-albuterol solution

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	495250	A. BUILDING _____ B. WING _____	C 11/16/2022

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
GALAX HEALTH AND REHAB	836 GLENDALE RD GALAX, VA 24333

(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETION DATE
F 842	Continued From page 23 0.5-2.5 (3mg/3ml) 3 ml orally via nebulizer three times a day for cough and wheezing for 5 days was documented as 7=see nurse notes on 4/2 at 22:00. The surveyor was unable to locate a nurse's note. No reason was documented for failure to administer the medication. The MAR documented Lovenox 30 mg prefilled syringe inject 1 dose subcutaneously one time a day on 11/1/22 as 3=hold/see nurse note. The surveyor was unable to locate a nurse note. The DON offered a e-MAR Medication Administration Note dated 11/1/2022 at 7:19 AM "awaiting delivery". There was no evidence the physician was notified or that a hold order was issued. The surveyor spoke with the director of nursing on 11/15/22 about the concern that documentation indicated medications had not been administered and the physician had not been notified. The administrator, director of nursing, and assistant director of nursing were notified of concerns during a summary meeting.	F 842		