

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

PRINTED: 04/14/2023
FORM APPROVED
OMB NO. 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 495165	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____		(X3) DATE SURVEY COMPLETED 03/23/2023
NAME OF PROVIDER OR SUPPLIER SHENANDOAH VALLEY WESTMINSTER CANTERBURY			STREET ADDRESS, CITY, STATE, ZIP CODE 300 WESTMINSTER CANTERBURY DR WINCHESTER, VA 22603		
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETION DATE	
E 000	Initial Comments	E 000			
E 007 SS=F	<p>EP Program Patient Population CFR(s): 483.73(a)(3)</p> <p>§403.748(a)(3), §416.54(a)(3), §418.113(a)(3), §441.184(a)(3), §460.84(a)(3), §482.15(a)(3), §483.73(a)(3), §483.475(a)(3), §484.102(a)(3), §485.68(a)(3), §485.542(a)(3), §485.625(a)(3), §485.727(a)(3), §485.920(a)(3), §491.12(a)(3), §494.62(a)(3).</p> <p>[(a) Emergency Plan. The [facility] must develop and maintain an emergency preparedness plan that must be reviewed, and updated at least every 2 years. The plan must do the following:]</p> <p>(3) Address [patient/client] population, including, but not limited to, persons at-risk; the type of services the [facility] has the ability to provide in an emergency; and continuity of operations, including delegations of authority and succession plans.**</p> <p>*[For LTC facilities at §483.73(a):] Emergency Plan. The LTC facility must develop and maintain an emergency preparedness plan that must be reviewed, and updated at least annually. The plan must do all of the following: (3) Address resident population, including, but not limited to, persons at-risk; the type of services the LTC facility has the ability to provide in an emergency; and continuity of operations,</p>	E 007		5/5/23	

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

TITLE

(X6) DATE

Electronically Signed

04/13/2023

Any deficiency statement ending with an asterisk (*) denotes a deficiency which the institution may be excused from correcting providing it is determined that other safeguards provide sufficient protection to the patients. (See instructions.) Except for nursing homes, the findings stated above are disclosable 90 days following the date of survey whether or not a plan of correction is provided. For nursing homes, the above findings and plans of correction are disclosable 14 days following the date these documents are made available to the facility. If deficiencies are cited, an approved plan of correction is requisite to continued program participation.

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 495165	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____		(X3) DATE SURVEY COMPLETED 03/23/2023
NAME OF PROVIDER OR SUPPLIER SHENANDOAH VALLEY WESTMINSTER CANTERBURY			STREET ADDRESS, CITY, STATE, ZIP CODE 300 WESTMINSTER CANTERBURY DR WINCHESTER, VA 22603		
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETION DATE	
E 007	<p>Continued From page 1 including delegations of authority and succession plans.</p> <p>*NOTE: ["Persons at risk" does not apply to: ASC, hospice, PACE, HHA, CORF, CMCH, RHC/FQHC, or ESRD facilities.] This REQUIREMENT is not met as evidenced by: Based on staff interview and facility document review, the facility staff failed to develop a complete emergency preparedness plan to address the at-risk resident population.</p> <p>The findings include:</p> <p>The facility staff failed to develop an emergency preparedness plan to address all of the facility's patient population that would be at risk, and strategies needed to address the needs of at-risk or vulnerable residents.</p> <p>A review of the facility emergency preparedness plan revealed documentation that residents receiving oxygen and non-ambulatory residents were identified as being at-risk during an emergency. Further review of the plan failed to reveal identification of a current resident receiving peritoneal dialysis as being at risk, and failed to reveal strategies needed to address any of the at-risk residents identified.</p> <p>On 3/22/23 at 2:55 p.m., an interview was conducted with ASM (administrative staff member) #1 (the administrator). ASM #1 stated all employees know that a resident receiving peritoneal dialysis is at-risk during an emergency, but this was not specifically documented in the emergency preparedness plan.</p>	E 007	<p>1) Corrective Action: The facility has now included specific instructions for at-risk residents to safely evacuate the facility and receive all care needed during an emergency. This information is in the Emergency plan as well as a specific policy detailing our at-risk resident population.</p> <p>2) Potential to affect all residents: All our at-risk residents (including those on dialysis) now have been identified and have specific evacuation and relocation care needs identified.</p> <p>Evacuation of At-Risk residents Horizontal evacuation should be used when possible. Refer to floor plans for potential routes of escape. If horizontal evacuation is not possible, staff will assist at-risk resident(s) (including those residents who are on dialysis) to the nearest enclosed stairway that is free from smoke. Movement of these residents down stairways should be accomplished using Stryker chairs and other equipment designed for the purpose of assisting individuals down the stairwells to safely exit the building.</p> <p>Consider that merely evacuating persons from the building(s) in an emergency may not be sufficient to provide for persons <input type="checkbox"/> safety or provide necessary continued</p>		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 495165	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____		(X3) DATE SURVEY COMPLETED 03/23/2023
NAME OF PROVIDER OR SUPPLIER SHENANDOAH VALLEY WESTMINSTER CANTERBURY			STREET ADDRESS, CITY, STATE, ZIP CODE 300 WESTMINSTER CANTERBURY DR WINCHESTER, VA 22603		
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETION DATE	
E 007	Continued From page 2 On 3/22/23 at 4:42 p.m., an interview was conducted with ASM #3 (the chief operating officer). ASM #3 stated the emergency preparedness plan did not document the resident receiving peritoneal dialysis as being at risk and the emergency plan did not document strategies needed to address the needs of at-risk or vulnerable residents. ASM #3 was made aware of this concern.	E 007	medical care for those requiring it. In those instances, relocation may be the preferred option for residents who are AT <input type="checkbox"/> RISK. And Relocation of AT <input type="checkbox"/> RISK Residents i. Non <input type="checkbox"/> ambulatory (and/or those who are receiving dialysis) residents requiring continuous medical treatment would be relocated via ambulance to Valley Medical Center in Winchester, Virginia to meet the need for continuous medical care. ii. In the event Valley Medical Center was unable to receive residents requiring continuous medical care, SVWC would work directly with the Virginia Healthcare Alerting and Status System (VHASS) to identify resources available to SVWC residents requiring continuous medical treatment from like-kind facilities in proximity to SVWC. iii. If available, ambulatory and/or non-ambulatory residents may be relocated to SVWC cottages where continuous medical treatment could be continued with little interruption while the resident(s) remain on SVWC grounds. iv. Ambulatory residents deemed AT - RISK will be relocated to geographic areas safely removed from the emergency scene via SVWC transportation or other reasonable means and that provides adequate shelter for the remainder of the emergency. In the event ambulatory residents require medical apparatus, the necessary apparatus will be transported along with the resident to the shelter location.		

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

PRINTED: 04/14/2023
FORM APPROVED
OMB NO. 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 495165	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____		(X3) DATE SURVEY COMPLETED 03/23/2023
NAME OF PROVIDER OR SUPPLIER SHENANDOAH VALLEY WESTMINSTER CANTERBURY			STREET ADDRESS, CITY, STATE, ZIP CODE 300 WESTMINSTER CANTERBURY DR WINCHESTER, VA 22603		
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETION DATE	
E 007	Continued From page 3	E 007	3) Systems Change: All specified procedures are now in the emergency plan and staff education will occur at a minimum on an annual basis. The facility will also participate in an emergency evacuation drill once a year. 4) Monitoring: The information gathered during the emergency evacuation drill and subsequent Fire drills and all other life safety exercises will be reviewed during our monthly safety meetings and will inform the facility on how to better protect our residents from harm. 5) Date of completion: The Emergency plan with all requirements needed to be in compliance with E-007 will be complete by 5/05/2023.		
E 035 SS=C	LTC and ICF/IID Sharing Plan with Patients CFR(s): 483.73(c)(8) §483.73(c)(8); §483.475(c)(8) *[For LTC Facilities at §483.73(c):] [(c) The LTC facility must develop and maintain an emergency preparedness communication plan that complies with Federal, State and local laws and must be reviewed and updated at least annually. The communication plan must include all of the following:] *[For ICF/IIDs at §483.475(c):] [(c) The ICF/IID must develop and maintain an emergency preparedness communication plan that complies with Federal, State and local laws and must be reviewed and updated at least every 2 years. The communication plan must include all of the following:]	E 035		5/5/23	

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 495165	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____		(X3) DATE SURVEY COMPLETED 03/23/2023
NAME OF PROVIDER OR SUPPLIER SHENANDOAH VALLEY WESTMINSTER CANTERBURY			STREET ADDRESS, CITY, STATE, ZIP CODE 300 WESTMINSTER CANTERBURY DR WINCHESTER, VA 22603		
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETION DATE	
E 035	<p>Continued From page 4</p> <p>(8) A method for sharing information from the emergency plan, that the facility has determined is appropriate, with residents [or clients] and their families or representatives. This REQUIREMENT is not met as evidenced by: Based on staff interview and facility document review, the facility staff failed to develop a complete emergency preparedness plan to include communication of the plan with residents and/or their families.</p> <p>The findings include:</p> <p>The facility staff failed to provide evidence of documentation that the emergency preparedness communication plan included a method for sharing information about the plan with residents and their families.</p> <p>A review of the facility emergency preparedness plan failed to reveal documentation that included a method for communicating information from the plan with residents and their families.</p> <p>On 3/22/23 at 4:42 p.m., ASM (administrative staff member) #3 (the chief operating officer) was interviewed, made aware of the concern, and stated the emergency preparedness plan did not contain specific documentation for how the plan will be communicated with residents and their families.</p>	E 035	<ol style="list-style-type: none"> 1) Corrective Action: a policy has been approved to address the requirement of E-035 to provide for the communication of SVWC's emergency plan to residents and families. 2) Potential to affect our entire resident population and their families: Written communication on SVWC's emergency plan will be provided upon admission to the facility and at a minimum on an annual basis thereafter for all residents and their families. 3) System changes: Social services will now provide written communication to each resident and family upon admission and annually thereafter. Education will be provided during resident meetings and family council meetings as updates/changes are made and at the request of the resident and/or family member. 4) Monitoring: Social services will perform an audit annually to ensure compliance with E-035. The facility will have residents initial they have received our emergency plan on an admissions checklist and then the residents will sign they have reviewed the emergency plan annually. 5) Date of Completion: The facility will have all procedures and policies in place to be in compliance with E-035 by 5/05/2023. 		

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

PRINTED: 04/14/2023
FORM APPROVED
OMB NO. 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 495165	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____		(X3) DATE SURVEY COMPLETED 03/23/2023
NAME OF PROVIDER OR SUPPLIER SHENANDOAH VALLEY WESTMINSTER CANTERBURY			STREET ADDRESS, CITY, STATE, ZIP CODE 300 WESTMINSTER CANTERBURY DR WINCHESTER, VA 22603		
(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 standard survey was conducted 3/20/2023 through 3/23/2023. Corrections are required for compliance with 42 CFR Part 483 Federal Long Term Care requirements. The Life Safety Code survey/report will follow. No complaints were investigated during the survey. The census in this 51 certified bed facility was 47 at the time of the survey. The survey sample consisted of 14 current resident reviews and three closed record reviews.	F 000			
F 625 SS=D	Notice of Bed Hold Policy Before/Upon Trnsfr CFR(s): 483.15(d)(1)(2) §483.15(d) Notice of bed-hold policy and return- §483.15(d)(1) Notice before transfer. Before a nursing facility transfers a resident to a hospital or the resident goes on therapeutic leave, the nursing facility must provide written information to the resident or resident representative that specifies- (i) The duration of the state bed-hold policy, if any, during which the resident is permitted to return and resume residence in the nursing facility; (ii) The reserve bed payment policy in the state plan, under § 447.40 of this chapter, if any; (iii) The nursing facility's policies regarding bed-hold periods, which must be consistent with paragraph (e)(1) of this section, permitting a resident to return; and (iv) The information specified in paragraph (e)(1) of this section. §483.15(d)(2) Bed-hold notice upon transfer. At	F 625		5/5/23	

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 495165	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____		(X3) DATE SURVEY COMPLETED 03/23/2023
NAME OF PROVIDER OR SUPPLIER SHENANDOAH VALLEY WESTMINSTER CANTERBURY			STREET ADDRESS, CITY, STATE, ZIP CODE 300 WESTMINSTER CANTERBURY DR WINCHESTER, VA 22603		
(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 625	<p>Continued From page 6</p> <p>the time of transfer of a resident for hospitalization or therapeutic leave, a nursing facility must provide to the resident and the resident representative written notice which specifies the duration of the bed-hold policy described in paragraph (d)(1) of this section. This REQUIREMENT is not met as evidenced by:</p> <p>Based on staff interview, facility document review, and clinical record review, it was determined that the facility staff failed to issue a bed hold notice to one of 17 residents in the survey sample, Resident #34.</p> <p>The findings include:</p> <p>For Resident #34 (R34), the facility failed to issue a bed hold notice when the resident was transferred to the hospital on 12/13/22.</p> <p>A review of R34's clinical record revealed the resident was transferred and admitted to the hospital on 12/13/22. The resident was readmitted to the facility on 12/16/22.</p> <p>Further review of R34's clinical record failed to reveal evidence a bed hold notice was issued to the resident or to the RP (responsible party).</p> <p>On 3/22/23 at 8:12 a.m., ASM (administrative staff member) #2, the director of health services, was interviewed. She stated a bed hold notice had not been issued to R34 on 12/13/22. She stated the resident is unable to sign for themselves, and the resident's (significant other) was unable to sign in a timely manner. She stated the facility has contracts with its residents, and there is never a question if the resident will be able to return to the facility.</p>	F 625	<p>1. Corrective Action Resident #34 has a Life Care Contract and pays a monthly fee and is therefore not subject to holding a bed when discharged to the hospital. Her bed is automatically held by the facility as part of her monthly fee. We have gone back and issued a bed hold notice for Resident retroactive to December and going forward that notice is in her chart. No Resident#34 has not discharged from facility for any reason since 12/13/2022.</p> <p>2. Other Potential Residents All current residents will receive a copy of the bed hold policy form and it will be identified on a bed hold form if they are responsible to hold the bed in the event of discharge, or if the bed hold is waived as part of their life care contract.</p> <p>3. Systems Change a) All new admissions will sign a bed hold form upon admission and will receive a copy of this policy if the resident is discharged to another facility. The bed hold policy form will be part of the admission packet to the facility and reviewed with the Resident/Resident Representative, signed, and made part of the residents <input type="checkbox"/> medical record.</p>		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 495165	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____		(X3) DATE SURVEY COMPLETED 03/23/2023
NAME OF PROVIDER OR SUPPLIER SHENANDOAH VALLEY WESTMINSTER CANTERBURY			STREET ADDRESS, CITY, STATE, ZIP CODE 300 WESTMINSTER CANTERBURY DR WINCHESTER, VA 22603		
(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 625	<p>Continued From page 7</p> <p>On 3/22/23 at 4:30 p.m., ASM (administrative staff member) #1, the administrator, ASM #2, and ASM #3, the chief operating officer, were informed of these concerns.</p> <p>A review of the facility policy, "Bed Hold Policy," revealed, in part: "A....continuing care contract...stipulates that a bed in the Health Care Center be available for a LCC (life care contract) resident if and when it is needed...Residents who do not have a life care/continuing care contract...are considered per diem and are not guaranteed a bed unless it is paid for through daily charges or a Bed Hold Agreement...[name of facility] cannot guarantee the availability of a bed at the time the resident needs or desires to return unless there is a signed Bed Hold Agreement."</p> <p>No further information was provided prior to exit.</p>	F 625	<p>b) bed hold policy form will be sent to all resident□s/ Resident representatives and a signed copy will be returned to the facility and added to the resident□s medical record.</p> <p>c) Any resident that the facility does not receive a signed bed hold form back, will be called by Social Work, reviewed with the Resident Representative, and signed by the Social Worker and another witness, then put in the residents medical record.</p> <p>d) The DON/or designee will educate Licensed Nursing staff on the bed hold policy and the need to give a copy of the bed hold policy to the resident / resident representative with any transfer/discharge from the facility, if possible, a signed form from the resident or responsible party.</p> <p>a) Systems Change b) The Social Workers will submit an audit showing 100% of the residents/ resident representatives have been provided a copy of the bed hold policy and submit findings and recommendations to the QAPI committee at the next regularly scheduled QAPI meeting.</p> <p>a.) The Social Workers will audit all new admissions to assure that the bed hold policy was reviewed and signed by the Resident/Resident Representative weekly x 4 weeks, then every other week x 4 months. These audits will be reviewed with the QAPI committee at the next regularly scheduled meetings for further recommendations as needed.</p>		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 495165	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____		(X3) DATE SURVEY COMPLETED 03/23/2023
NAME OF PROVIDER OR SUPPLIER SHENANDOAH VALLEY WESTMINSTER CANTERBURY			STREET ADDRESS, CITY, STATE, ZIP CODE 300 WESTMINSTER CANTERBURY DR WINCHESTER, VA 22603		
(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 625	Continued From page 8	F 625	<p>b.) The DON/ Designee will report on the education provided to Licensed Nursing staff on the new bed hold policy form and required charting to show a copy was given to and sent with the resident/resident representative. The DON/Designee will report any feedback or recommendations to the QAPI committee for further recommendations as needed.</p> <p>c.) The Unit Coordinator/ Designee will monitor that the bed hold information is given to resident/resident representative upon facility-initiated transfer</p> <p>4. Date Corrective action will be completed by 5/05/23.</p>		
F 655 SS=D	<p>Baseline Care Plan CFR(s): 483.21(a)(1)-(3)</p> <p>§483.21 Comprehensive Person-Centered Care Planning §483.21(a) Baseline Care Plans §483.21(a)(1) The facility must develop and implement a baseline care plan for each resident that includes the instructions needed to provide effective and person-centered care of the resident that meet professional standards of quality care. The baseline care plan must-</p> <p>(i) Be developed within 48 hours of a resident's admission.</p> <p>(ii) Include the minimum healthcare information necessary to properly care for a resident including, but not limited to-</p> <p>(A) Initial goals based on admission orders.</p>	F 655		5/5/23	

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

PRINTED: 04/14/2023
FORM APPROVED
OMB NO. 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 495165	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____		(X3) DATE SURVEY COMPLETED 03/23/2023
NAME OF PROVIDER OR SUPPLIER SHENANDOAH VALLEY WESTMINSTER CANTERBURY			STREET ADDRESS, CITY, STATE, ZIP CODE 300 WESTMINSTER CANTERBURY DR WINCHESTER, VA 22603		
(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 655	<p>Continued From page 9</p> <p>(B) Physician orders. (C) Dietary orders. (D) Therapy services. (E) Social services. (F) PASARR recommendation, if applicable.</p> <p>§483.21(a)(2) The facility may develop a comprehensive care plan in place of the baseline care plan if the comprehensive care plan-</p> <p>(i) Is developed within 48 hours of the resident's admission. (ii) Meets the requirements set forth in paragraph (b) of this section (excepting paragraph (b)(2)(i) of this section).</p> <p>§483.21(a)(3) The facility must provide the resident and their representative with a summary of the baseline care plan that includes but is not limited to:</p> <p>(i) The initial goals of the resident. (ii) A summary of the resident's medications and dietary instructions. (iii) Any services and treatments to be administered by the facility and personnel acting on behalf of the facility. (iv) Any updated information based on the details of the comprehensive care plan, as necessary. This REQUIREMENT is not met as evidenced by: Based on staff interview and clinical record review, the facility staff failed to provide residents (or their representatives) with a summary of the baseline care plan for two of 17 residents in the survey sample, Residents #97 and #98.</p> <p>The findings include:</p> <p>1. For Resident #97 (R97), the facility staff failed to provide the resident (or their representative) a</p>	F 655	<p>1. Corrective Action Resident #97 and Resident #98 were given a copy of the summary of the baseline care plan on 3/21/23.</p> <p>2. Other Potential Residents All residents who are admitted to Health Care are potentially affected.</p> <p>3. Systems Change All new admissions will have a baseline care plan completed within 48 hours. The</p>		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 495165	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____		(X3) DATE SURVEY COMPLETED 03/23/2023
NAME OF PROVIDER OR SUPPLIER SHENANDOAH VALLEY WESTMINSTER CANTERBURY			STREET ADDRESS, CITY, STATE, ZIP CODE 300 WESTMINSTER CANTERBURY DR WINCHESTER, VA 22603		
(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 655	<p>Continued From page 10 summary of the baseline care plan.</p> <p>R97 was admitted to the facility on 3/14/23. A review of R97's clinical record (including the baseline care plan effective 3/14/23, and progress notes for March 2023) failed to reveal the facility staff provided R97 or the resident's representative a summary of the baseline care plan.</p> <p>On 3/21/23 at 4:54 p.m., an interview was conducted with ASM (administrative staff member) #2, (the director of health services). ASM #2 stated that upon completion of the baseline care plan, the minimum data set coordinator is supposed to finalize the baseline care plan and provide a copy to the resident and/or family. ASM #2 stated there was no evidence this was done for (R97). At this time, ASM #1 (the administrator) and ASM #2 were made aware of the above concern. On 3/23/23 at 7:15 a.m., per ASM #2, the facility did not have a policy regarding baseline care plans.</p> <p>2. For Resident #98 (R98), the facility staff failed to provide the resident (or their representative) a summary of the baseline care plan.</p> <p>R98 was admitted to the facility on 3/9/23. A review of R98's clinical record (including the baseline care plan effective 3/10/23, and progress notes for March 2023) failed to reveal the facility staff provided R97 or the resident's representative a summary of the baseline care plan.</p> <p>On 3/21/23 at 4:54 p.m., an interview was conducted with ASM (administrative staff member) #2, (the director of health services).</p>	F 655	<p>MDS coordinator will ensure all components are addressed prior to providing a copy to the resident and/or responsible party.</p> <p>A signed copy will be scanned into the medical record.</p> <p>4. Monitoring The Interdisciplinary Team meets weekly. The MDS coordinator will provide the completion of all new admissions baseline care plan summary audit, the resident and/or responsible party has been issued the summary, signed copy scanned into the medical record. The findings will be reported weekly x4, then quarterly for one year to the Interdisciplinary Team . This data will be presented to QAPI committee bi-monthly.</p> <p>5. Date</p> <p>Corrective action will be completed by 5/05/23.</p>		

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

PRINTED: 04/14/2023
FORM APPROVED
OMB NO. 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 495165	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____		(X3) DATE SURVEY COMPLETED 03/23/2023
NAME OF PROVIDER OR SUPPLIER SHENANDOAH VALLEY WESTMINSTER CANTERBURY			STREET ADDRESS, CITY, STATE, ZIP CODE 300 WESTMINSTER CANTERBURY DR WINCHESTER, VA 22603		
(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 655	Continued From page 11 ASM #2 stated that upon completion of the baseline care plan, the minimum data set coordinator is supposed to finalize the baseline care plan and provide a copy to the resident and/or family. ASM #2 stated there was no evidence this was done for (R98). At this time, ASM #1 (the administrator) and ASM #2 were made aware of the above concern.	F 655			
F 656 SS=E	No further information was provided by the facility staff. Develop/Implement Comprehensive Care Plan CFR(s): 483.21(b)(1)(3) §483.21(b) Comprehensive Care Plans §483.21(b)(1) The facility must develop and implement a comprehensive person-centered care plan for each resident, consistent with the resident rights set forth at §483.10(c)(2) and §483.10(c)(3), that includes measurable objectives and timeframes to meet a resident's medical, nursing, and mental and psychosocial needs that are identified in the comprehensive assessment. The comprehensive care plan must describe the following - (i) The services that are to be furnished to attain or maintain the resident's highest practicable physical, mental, and psychosocial well-being as required under §483.24, §483.25 or §483.40; and (ii) Any services that would otherwise be required under §483.24, §483.25 or §483.40 but are not provided due to the resident's exercise of rights under §483.10, including the right to refuse treatment under §483.10(c)(6). (iii) Any specialized services or specialized rehabilitative services the nursing facility will provide as a result of PASARR recommendations. If a facility disagrees with the	F 656		5/5/23	

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 495165	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____		(X3) DATE SURVEY COMPLETED 03/23/2023
NAME OF PROVIDER OR SUPPLIER SHENANDOAH VALLEY WESTMINSTER CANTERBURY			STREET ADDRESS, CITY, STATE, ZIP CODE 300 WESTMINSTER CANTERBURY DR WINCHESTER, VA 22603		
(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 656	<p>Continued From page 12</p> <p>findings of the PASARR, it must indicate its rationale in the resident's medical record.</p> <p>(iv) In consultation with the resident and the resident's representative(s)-</p> <p>(A) The resident's goals for admission and desired outcomes.</p> <p>(B) The resident's preference and potential for future discharge. Facilities must document whether the resident's desire to return to the community was assessed and any referrals to local contact agencies and/or other appropriate entities, for this purpose.</p> <p>(C) Discharge plans in the comprehensive care plan, as appropriate, in accordance with the requirements set forth in paragraph (c) of this section.</p> <p>§483.21(b)(3) The services provided or arranged by the facility, as outlined by the comprehensive care plan, must-</p> <p>(iii) Be culturally-competent and trauma-informed. This REQUIREMENT is not met as evidenced by:</p> <p>Based on resident interview, staff interview, clinical record review and facility document review it was determined that the facility staff failed to implement the comprehensive care plan for six of 17 residents in the survey sample, Residents #4, #36, #22, #6, #17 and #34.</p> <p>The findings include:</p> <p>1. For Resident #4 (R4), the facility staff failed to implement the comprehensive care plan to provide non-pharmacological interventions prior to administration of as needed Tylenol with Codeine #3 (1).</p> <p>On the most recent MDS (minimum data set), a significant change assessment with an ARD</p>	F 656	<p>1. Corrective Action</p> <p>The areas of noted deficiencies for Residents #4, #36, #22, #6, #17 and #34 were corrected 3/22/23.</p> <p>Resident #4: Non-pharmacological interventions were added on 3/22/23.</p> <p>Resident #36: added the monitoring of side effect from the Celexa on 3/22/23.</p> <p>Resident #22: added the monitoring and side effects for Cymbalta and Seroquel on 3/22/23.</p> <p>Resident #6: immediately corrected on 3/21/22. To reflect daily monitoring of pressure injury.</p> <p>Resident #17: added monitoring for side effects regarding Lorazepam and Risperidol on 3/22/23.</p>		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 495165	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____		(X3) DATE SURVEY COMPLETED 03/23/2023
NAME OF PROVIDER OR SUPPLIER SHENANDOAH VALLEY WESTMINSTER CANTERBURY			STREET ADDRESS, CITY, STATE, ZIP CODE 300 WESTMINSTER CANTERBURY DR WINCHESTER, VA 22603		
(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 656	<p>Continued From page 13</p> <p>(assessment reference date) of 1/4/2023, the resident scored 13 out of 15 on the BIMS (brief interview for mental status) assessment, indicating the resident was cognitively intact for making daily decisions. Section J documented R4 having pain frequently and receiving as needed pain medications. Section J further documented R4 not receiving non-medication interventions for pain.</p> <p>On 3/21/2023 at 11:22 a.m., an interview was conducted with R4. R4 stated that they had pain at times and the nurses gave them medication to help. R4 stated that sometimes the staff tried to give them a pillow but most of the time they just gave the medication.</p> <p>The comprehensive care plan for R4 dated 8/9/2022 documented in part, "(Name of R4) has chronic pain r/t (related to) old right ankle fx (fracture) and arthritis. Date Initiated: 08/09/2022. Revision on: 01/18/2023..." Under "Interventions" it documented in part, "...Medications as ordered. Non-medication interventions to be offered. Date Initiated: 08/25/2022. Revision on: 08/25/2022..."</p> <p>The physician order's for R4 documented in part, - "Tylenol with Codeine #3 Tablet 300-30 MG (milligram) (Acetaminophen-Codeine) Give 1 tablet by mouth every 6 hours as needed for For pain scale of 6-10. Order Date: 12/22/2022. Start Date: 12/22/2022."</p> <p>The eMAR (electronic medication administration record) dated 1/1/2023-1/31/2023 documented the Tylenol with Codeine #3 administered to R4 a total of 26 times for pain levels ranging from 6-10. The eMAR failed to evidence documentation of</p>	F 656	<p>Resident #34:added monitoring for side effects for Lorazepam on 3/22/23.</p> <p>2.Other Potential Residents All residents who have a comprehensive care plan are potentially affected. An audit was conducted to determine if there were any interventions on care plans for active residents that were not being implemented. Findings were immediately corrected.</p> <p>1. Systems Change A). All active licensed nurses will be educated to review the care plan weekly to ensure all interventions are active and appropriate for each resident. Any revisions, the licensed nurse will notify MDS coordinator to revise the care plan. B). The MDS coordinator will review orders prior to adding interventions to the care plan when developing the comprehensive care plan and when there are changes with the plan of care.</p> <p>2. Monitoring The MDS coordinator will conduct weekly audits x4, then monthly for one year to ensure the care plan is accurate and make revisions as needed, all interventions are implemented. Findings will be reported to the QAPI committee bi-monthly.</p> <p>3. Date The corrective action will be completed by 5/05/23.</p>		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 495165	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____		(X3) DATE SURVEY COMPLETED 03/23/2023
NAME OF PROVIDER OR SUPPLIER SHENANDOAH VALLEY WESTMINSTER CANTERBURY			STREET ADDRESS, CITY, STATE, ZIP CODE 300 WESTMINSTER CANTERBURY DR WINCHESTER, VA 22603		
(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 656	<p>Continued From page 14</p> <p>non-pharmacological interventions prior to the administration of the as needed Tylenol with Codeine #3.</p> <p>The eMAR dated 2/1/2023-2/28/2023 documented the Tylenol with Codeine #3 administered to R4 a total of 14 times for pain levels ranging from 6-8. The eMAR failed to evidence documentation of non-pharmacological interventions prior to the administration of the as needed Tylenol with Codeine #3.</p> <p>The eMAR dated 3/1/2023-3/31/2023 documented the Tylenol with Codeine #3 administered to R4 a total of 10 times for pain levels ranging from 7-8. The eMAR failed to evidence documentation of non-pharmacological interventions prior to the administration of the as needed Tylenol with Codeine #3.</p> <p>The progress notes for R4 from 1/1/2023-3/22/2023 failed to evidence documentation of non-pharmacological interventions attempted or offered prior to the administration of the as needed pain medication documented on the eMARs.</p> <p>On 3/22/2023 at 10:56 a.m., an interview was conducted with LPN (licensed practical nurse) #2. LPN #2 stated that the purpose of the care plan was for everyone to know what the residents problems were and for the staff to know what they were to do for the resident. LPN #2 stated that if the non-medical interventions were not documented on the eMAR that it could not be proven that they were offered or that they were implementing the care plan for the resident.</p> <p>On 3/22/2023 at 11:35 a.m., ASM (administrative</p>	F 656			

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

PRINTED: 04/14/2023
FORM APPROVED
OMB NO. 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 495165	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____		(X3) DATE SURVEY COMPLETED 03/23/2023
NAME OF PROVIDER OR SUPPLIER SHENANDOAH VALLEY WESTMINSTER CANTERBURY			STREET ADDRESS, CITY, STATE, ZIP CODE 300 WESTMINSTER CANTERBURY DR WINCHESTER, VA 22603		
(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 656	<p>Continued From page 15</p> <p>staff member) #2, the director of health services stated that they did not have evidence of non-pharmacological interventions offered to R4 prior to the administration of the Tylenol with Codeine #3 from 1/1/2023-3/22/2023.</p> <p>The facility policy "Care Plan, Comprehensive" dated 10/17/2022 documented in part, "...All services provided or arranged by the facility to meet the needs identified in the written plan of care meet professional standards of quality and are provided by qualified persons in accordance with each resident's written plan of care."</p> <p>On 3/22/2023 at approximately 2:33 p.m., ASM #1, the administrator, ASM #2, the director of health services, ASM #3, the chief operating officer and LPN #2, the healthcare unit coordinator were made aware of the concern.</p> <p>No further information was provided prior to exit.</p> <p>Reference: (1) Tylenol #3 The combination of acetaminophen and codeine is used to relieve mild to moderate pain. Acetaminophen is in a class of medications called analgesics (pain relievers) and antipyretics (fever reducers). It works by changing the way the body senses pain and by cooling the body. Codeine belongs to a class of medications called opiate (narcotic) analgesics and to a class of medications called antitussives. When codeine is used to treat pain, it works by changing the way the brain and nervous system respond to pain. When codeine is used to reduce coughing, it works by decreasing the activity in the part of the brain that causes coughing. This information was obtained from the website:</p>	F 656			

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 495165	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____		(X3) DATE SURVEY COMPLETED 03/23/2023
NAME OF PROVIDER OR SUPPLIER SHENANDOAH VALLEY WESTMINSTER CANTERBURY			STREET ADDRESS, CITY, STATE, ZIP CODE 300 WESTMINSTER CANTERBURY DR WINCHESTER, VA 22603		
(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 656	<p>Continued From page 16</p> <p>https://medlineplus.gov/druginfo/meds/a601005.html</p> <p>2. For Resident #36 (R36), the facility staff failed to implement the comprehensive care plan for monitoring for adverse side effects related to the physician prescribed medication, Celexa (1).</p> <p>The comprehensive care plan for R36 documented in part, "(Name of R36) uses antidepressant medication Celexa r/t (related to) Depression. Date Initiated: 02/28/2022. Revision on: 02/28/2022." Under "Interventions" it documented in part, "...Monitor/document/report PRN (as needed) adverse reactions to Antidepressant therapy: change in behavior/mood/cognition; hallucinations/delusions; social isolation, suicidal thoughts, withdrawal; decline in ADL (activities of daily living) ability, continence, no voiding; constipation, fecal impaction, diarrhea; gait changes, rigid muscles, balance probs (problems), movement problems, tremors, muscle cramps, falls; dizziness/vertigo; fatigue, insomnia; appetite loss, wt (weight) loss, n/v (nausea/vomiting), dry mouth, dry eyes. Date Initiated: 2/28/2022..." The care plan further documented, "I have a mood problem r/t Major Depressive Disorder. Date Initiated: 02/10/2023. Revision on: 02/10/2023." Under "Interventions" it documented in part, "Administer medications as ordered. Monitor/document for side effects and effectiveness. Date Initiated: 02/10/2023..."</p> <p>The physician orders for R36 documented in part, - "Celexa 20mg (milligram) 1 tablet by mouth in the morning related to Major Depressive Disorder, recurrent unspecified. Order Date: 8/27/2021."</p>	F 656			

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

PRINTED: 04/14/2023
FORM APPROVED
OMB NO. 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 495165	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____		(X3) DATE SURVEY COMPLETED 03/23/2023
NAME OF PROVIDER OR SUPPLIER SHENANDOAH VALLEY WESTMINSTER CANTERBURY			STREET ADDRESS, CITY, STATE, ZIP CODE 300 WESTMINSTER CANTERBURY DR WINCHESTER, VA 22603		
(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 656	<p>Continued From page 17</p> <p>The eMARs (electronic medication administration records) dated 1/1/2023-1/31/2023, 2/1/2023-2/28/2023 and 3/1/2023-3/31/2023 for R36 documented the resident having received the Celexa as ordered daily through 3/22/2023.</p> <p>On 3/22/2023 at 10:25 a.m., ASM (administrative staff member) #2, the director of health services stated that they did not have any evidence that the facility staff had been monitoring for side effects for the Celexa for R36. ASM #2 stated that monitoring should be done and they now were aware of this and it would be corrected.</p> <p>On 3/22/2023 at 10:56 a.m., an interview was conducted with LPN (licensed practical nurse) #2. LPN #2 stated that the purpose of the care plan was for everyone to know what the residents problems were and for the staff to know what they were to do for the resident. LPN #2 stated that psychotropic medications should be monitored by staff to ensure residents did not have any side effects from them. LPN #2 stated that they should do this to make sure that the treatment they were providing was not causing any other issues to the resident. LPN #2 stated that they had not had a system in place for monitoring antidepressants, antipsychotics and antianxiety medications. LPN #2 stated that they could not say that they were implementing the care plan for the resident without evidence to support it.</p> <p>On 3/22/2023 at 2:33 p.m., ASM #1, the administrator, ASM #2, the director of health services, ASM #3, the chief operating officer and LPN #2, the health care unit coordinator were made aware of the above concern.</p>	F 656			

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 495165	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____		(X3) DATE SURVEY COMPLETED 03/23/2023
NAME OF PROVIDER OR SUPPLIER SHENANDOAH VALLEY WESTMINSTER CANTERBURY			STREET ADDRESS, CITY, STATE, ZIP CODE 300 WESTMINSTER CANTERBURY DR WINCHESTER, VA 22603		
(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 656	<p>Continued From page 18</p> <p>No further information was provided prior to exit.</p> <p>Reference: (1) Celexa Citalopram is used to treat depression. Citalopram is in a class of antidepressants called selective serotonin reuptake inhibitors (SSRIs). It works by increasing the amount of serotonin, a natural substance in the brain that helps maintain mental balance. This information was obtained from the website: https://medlineplus.gov/druginfo/meds/a699001.html</p> <p>3. For Resident #22 (R22), the facility staff failed to implement the comprehensive care plan for monitoring for adverse side effects related to the physician prescribed medications, Seroquel (1) and Cymbalta (2).</p> <p>The comprehensive care plan for R22 documented in part, (Name of R22) uses antidepressant medication Cymbalta. Resident with dx. (diagnoses) of anxiety and adjustment disorder with depressed mood. Date Initiated: 11/04/2019. Revision on: 02/01/2023." Under "Interventions" it documented in part, "...Monitor/document/report PRN (as needed) adverse reactions to Antidepressant therapy: change in behavior/mood/cognition; hallucinations/delusions; social isolation, suicidal thoughts, withdrawal; decline in ADL (activities of daily living) ability, continence, no voiding; constipation, fecal impaction, diarrhea; gait changes, rigid muscles, balance probs (problems), movement problems, tremors, muscle cramps, falls; dizziness/vertigo; fatigue, insomnia; appetite loss, wt (weight) loss, n/v (nausea/vomiting), dry mouth, dry eyes. Date</p>	F 656			

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

PRINTED: 04/14/2023
FORM APPROVED
OMB NO. 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 495165	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____		(X3) DATE SURVEY COMPLETED 03/23/2023
NAME OF PROVIDER OR SUPPLIER SHENANDOAH VALLEY WESTMINSTER CANTERBURY			STREET ADDRESS, CITY, STATE, ZIP CODE 300 WESTMINSTER CANTERBURY DR WINCHESTER, VA 22603		
(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 656	<p>Continued From page 19</p> <p>Initiated: 11/04/2019..." The care plan also documented, "[Name of R22] uses antipsychotic medication Seroquel r/t hallucinations. Date Initiated: 02/02/2023. Revision on: 02/02/2023." Under "Interventions" it documented in part, "...Monitor/document/report PRN any adverse reactions of Psychotropic medications: unsteady gait, tardive dyskinesia, EPS (shuffling gait, rigid muscles, shaking), frequent falls, refusal to eat, difficulty swallowing, dry mouth, depression, suicidal ideations, social isolation, blurred vision, diarrhea, fatigue, insomnia, loss of appetite, weight loss, muscle cramps nausea, vomiting, behavior symptoms not usual to the person. Date Initiated: 02/02/2023..." The care plan further documented, "I have a mood problem r/t Major Depressive Disorder, Anxiety Disorder and Adjustment Disorder. Date Initiated: 01/19/2023. Revision on: 01/19/2023." Under "Interventions" it documented in part, "Administer medications as ordered. Monitor/document for side effects and effectiveness. Date Initiated: 01/19/2023 Date Initiated: 01/19/2023..."</p> <p>The physician orders for R22 documented in part, - "Seroquel Tablet 25 MG (milligram) (Quetiapine Fumarate) Give 0.5 tablet by mouth in the morning for hallucinations. Order Date: 12/19/2022. Start Date: 12/20/2022." - "Seroquel Tablet 25 MG (Quetiapine Fumarate) Give 1 tablet by mouth at bedtime related to Hallucinations, unspecified. Order Date: 11/17/2022. Start Date: 11/17/2022." - "Cymbalta Capsule Delayed Release Particles 30 MG (Duloxetine HCl) Give 1 capsule by mouth in the morning related to Major Depressive Disorder, Recurrent, Unspecified; Anxiety Disorder, Unspecified. Order Date: 12/07/2020. Start Date: 12/08/2020."</p>	F 656			

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

PRINTED: 04/14/2023
FORM APPROVED
OMB NO. 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 495165	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____		(X3) DATE SURVEY COMPLETED 03/23/2023
NAME OF PROVIDER OR SUPPLIER SHENANDOAH VALLEY WESTMINSTER CANTERBURY			STREET ADDRESS, CITY, STATE, ZIP CODE 300 WESTMINSTER CANTERBURY DR WINCHESTER, VA 22603		
(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 656	<p>Continued From page 20</p> <p>The eMARs (electronic medication administration records) dated 1/1/2023-1/31/2023, 2/1/2023-2/28/2023 and 3/1/2023-3/31/2023 for R22 documented the resident having received the Seroquel and Cymbalta as ordered daily through 3/22/2023.</p> <p>On 3/22/2023 at 10:25 a.m., ASM (administrative staff member) #2, the director of health services stated that they did not have any evidence that the facility staff had been monitoring for side effects for the Seroquel and Cymbalta for R22. ASM #2 stated that monitoring should be done and they now were aware of this and it would be corrected.</p> <p>On 3/22/2023 at 10:56 a.m., an interview was conducted with LPN (licensed practical nurse) #2. LPN #2 stated that the purpose of the care plan was for everyone to know what the residents problems were and for the staff to know what they were to do for the resident. LPN #2 stated that psychotropic medications should be monitored by staff to ensure residents did not have any side effects from them. LPN #2 stated that they should do this to make sure that the treatment they were providing was not causing any other issues to the resident. LPN #2 stated that they had not had a system in place for monitoring antidepressants, antipsychotics and antianxiety medications. LPN #2 stated that they could not say that they were implementing the care plan for the resident without evidence to support it.</p> <p>On 3/22/2023 at 2:33 p.m., ASM #1, the administrator, ASM #2, the director of health services, ASM #3, the chief operating officer and LPN #2, the health care unit coordinator were</p>	F 656			

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

PRINTED: 04/14/2023
FORM APPROVED
OMB NO. 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 495165	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____		(X3) DATE SURVEY COMPLETED 03/23/2023
NAME OF PROVIDER OR SUPPLIER SHENANDOAH VALLEY WESTMINSTER CANTERBURY			STREET ADDRESS, CITY, STATE, ZIP CODE 300 WESTMINSTER CANTERBURY DR WINCHESTER, VA 22603		
(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 656	<p>Continued From page 21 made aware of the above concern.</p> <p>No further information was provided prior to exit.</p> <p>Reference: (1) Seroquel Quetiapine tablets and extended-release (long-acting) tablets are used to treat the symptoms of schizophrenia (a mental illness that causes disturbed or unusual thinking, loss of interest in life, and strong or inappropriate emotions). Quetiapine tablets and extended-release tablets are also used alone or with other medications to treat episodes of mania (frenzied, abnormally excited or irritated mood) or depression in patients with bipolar disorder (manic depressive disorder; a disease that causes episodes of depression, episodes of mania, and other abnormal moods). In addition, quetiapine tablets and extended-release tablets are used with other medications to prevent episodes of mania or depression in patients with bipolar disorder. Quetiapine extended-release tablets are also used along with other medications to treat depression. Quetiapine tablets may be used as part of a treatment program to treat bipolar disorder and schizophrenia in children and teenagers. Quetiapine is in a class of medications called atypical antipsychotics. It works by changing the activity of certain natural substances in the brain. This information was obtained from the website: https://medlineplus.gov/druginfo/meds/a698019.html</p> <p>(2) Cymbalta Duloxetine is used to treat depression in adults and generalized anxiety disorder (GAD; excessive worry and tension that disrupts daily</p>	F 656			

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

PRINTED: 04/14/2023
FORM APPROVED
OMB NO. 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 495165	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____		(X3) DATE SURVEY COMPLETED 03/23/2023
NAME OF PROVIDER OR SUPPLIER SHENANDOAH VALLEY WESTMINSTER CANTERBURY			STREET ADDRESS, CITY, STATE, ZIP CODE 300 WESTMINSTER CANTERBURY DR WINCHESTER, VA 22603		
(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 656	<p>Continued From page 22</p> <p>life and lasts for 6 months or longer) in adults and children 7 years of age and older. Duloxetine is also used to treat pain and tingling caused by diabetic neuropathy (damage to nerves that can develop in people who have diabetes) in adults and fibromyalgia (a long-lasting condition that may cause pain, muscle stiffness and tenderness, tiredness, and difficulty falling asleep or staying asleep) in adults and children 13 years of age and older. It is also used to treat ongoing bone or muscle pain such as lower back pain or osteoarthritis (joint pain or stiffness that may worsen over time) in adults. Duloxetine is in a class of medications called selective serotonin and norepinephrine reuptake inhibitors (SNRIs). It works by increasing the amounts of serotonin and norepinephrine, natural substances in the brain that help maintain mental balance and stop the movement of pain signals in the brain. This information was obtained from the website: https://medlineplus.gov/druginfo/meds/a604030.html</p> <p>4. For Resident #6 (R6), the facility staff failed to implement the resident's comprehensive care plan for pressure injury treatments.</p> <p>A review of R6's clinical record revealed a pressure injury assessment dated 2/14/23 that documented the resident presented with a deep tissue injury on the outer aspect of the left lateral foot (present on admission 2/13/23). A physician's order dated 2/14/23 documented to apply skin prep to the left lateral foot wound twice a day. A review of R6's February 2023 and March 2023 MARs (medication administration records) and TARs (treatment administration records) failed to reveal the physician's order for skin prep to the left lateral foot twice a day, and</p>	F 656			

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

PRINTED: 04/14/2023
FORM APPROVED
OMB NO. 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 495165	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____		(X3) DATE SURVEY COMPLETED 03/23/2023
NAME OF PROVIDER OR SUPPLIER SHENANDOAH VALLEY WESTMINSTER CANTERBURY			STREET ADDRESS, CITY, STATE, ZIP CODE 300 WESTMINSTER CANTERBURY DR WINCHESTER, VA 22603		
(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 656	<p>Continued From page 23</p> <p>failed to reveal the treatment was administered. A review of nurse's notes for February 2023 and March 2023 failed to reveal skin prep was applied to the left lateral foot on any dates except for 2/27/23, 3/1/23, 3/2/23, 3/6/23, 3/7/23 and 3/10/23.</p> <p>R6's comprehensive care plan dated 2/27/23 and revised on 3/1/23 documented, "(Name of R6) has actual impairment to skin integrity r/t (related to) pressure injuries...Tx (Treatment) as ordered..."</p> <p>On 3/22/23 at 10:40 a.m., an interview was conducted with LPN (licensed practical nurse) #2. LPN #2 stated nurses evidence that treatments are done by signing them off on the TAR and that would be the only physical place to see that the treatments were done.</p> <p>On 3/22/23 at 10:53 a.m., another interview was conducted with LPN #2. LPN #2 stated the purpose of the care plan is, "So everyone knows what the resident's problem is and what we are doing to help care for that problem and the steps for the interventions...It gives a guide to their care." In regard to care plan implementation, LPN #2 stated, "The medications are on the medication MAR for the problem, the TAR has treatments, any tasks are on the poc (point of care computer system) for CNAs (certified nursing assistants)."</p> <p>On 3/22/23 at 2:34 p.m., ASM (administrative staff member) #1 (the administrator) and ASM #2 (the director of health services) were made aware of the above concern.</p> <p>5. For Resident #17 (R17), the facility staff failed to implement the comprehensive care plan for</p>	F 656			

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 495165	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____		(X3) DATE SURVEY COMPLETED 03/23/2023
NAME OF PROVIDER OR SUPPLIER SHENANDOAH VALLEY WESTMINSTER CANTERBURY			STREET ADDRESS, CITY, STATE, ZIP CODE 300 WESTMINSTER CANTERBURY DR WINCHESTER, VA 22603		
(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 656	<p>Continued From page 24</p> <p>monitoring for adverse side effects related to the physician prescribed medications, Risperdal (1) and Lorazepam (2).</p> <p>On the most recent MDS (minimum data set), a quarterly assessment with an ARD (assessment reference date) of 1/11/23, R17 was coded as being severely cognitively impaired for making daily decisions. The resident was coded as having received an antipsychotic medication six of seven days of the look back period, and as having received an antianxiety medication all seven days of the look back period.</p> <p>A review of R17's physician orders revealed the following orders: "Risperdal Tablet 0.5 MG (risperidone) Give 1 tablet by mouth at bedtime for hallucinations and delusions." This order was dated 1/25/21.</p> <p>"Lorazepam Intensol Concentrate 2 MG/ML (Lorazepam) Give 0.25 ml by mouth in the morning." This order was dated 12/16/22.</p> <p>Further review of R17's MARs revealed the resident received Risperdal and Lorazepam as ordered in January 2023, February 2023, and March 2023.</p> <p>A review of R17's comprehensive care plan revealed, in part: "Monitor the resident every shift for safety. The resident is taking ANTI-ANXIETY meds which are associated with an increased risk of confusion, amnesia, loss of balance, and cognitive impairment that looks like dementia and increases risk of falls, broken hips and legs." This portion of the care plan was initiated on 5/8/18, and updated 8/6/21. This review further revealed, in part: "Monitor/document/report PRN any</p>	F 656			

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 495165	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____		(X3) DATE SURVEY COMPLETED 03/23/2023
NAME OF PROVIDER OR SUPPLIER SHENANDOAH VALLEY WESTMINSTER CANTERBURY			STREET ADDRESS, CITY, STATE, ZIP CODE 300 WESTMINSTER CANTERBURY DR WINCHESTER, VA 22603		
(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 656	<p>Continued From page 25</p> <p>adverse reactions of PSYCHOTROPIC medications: unsteady gait, tardive dyskinesia, EPS (extrapyramidal side effects) (shuffling gait, rigid muscles, shaking), frequent falls, refusal to eat, difficulty swallowing, dry mouth, depression, suicidal ideations, social isolation, blurred vision, diarrhea, fatigue, insomnia, loss of appetite, weight loss, muscle cramps nausea, vomiting, behavior symptoms not usual to the person." This portion of the care plan was initiated on 1/20/22.</p> <p>On 3/22/23 at 8:12 a.m., ASM #2 stated she could not provide evidence that the facility staff had been monitoring for side effects for the Lorazepam and Risperdal. ASM #2 stated the facility staff should be monitoring for side effects to make sure residents are not experiencing adverse reactions from medications that are intended to help them.</p> <p>On 3/22/23 at 10:56 a.m., LPN (licensed practical nurse) #2, the unit manager, was interviewed. She stated the purpose of a care plan is for everyone to know what a resident's problems are, and how the facility staff is going to take care of those problems. She stated: "It is a guide to their care." She stated if a care plan includes an intervention to monitor a resident for side effects of a medication, the nurse should be looking to make sure that the medication is not indirectly causing other problems for a resident. She stated the facility does not have a clear, concise system for documenting the monitoring of residents for medication side effects. She stated the facility staff had not been following R17's care plan.</p> <p>On 3/22/23 at 4:30 p.m., ASM #1, the administrator, ASM #2, and ASM #3, the chief operating officer, were informed of these</p>	F 656			

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 495165	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____		(X3) DATE SURVEY COMPLETED 03/23/2023
NAME OF PROVIDER OR SUPPLIER SHENANDOAH VALLEY WESTMINSTER CANTERBURY			STREET ADDRESS, CITY, STATE, ZIP CODE 300 WESTMINSTER CANTERBURY DR WINCHESTER, VA 22603		
(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 656	<p>Continued From page 26 concerns.</p> <p>No further information was provided prior to exit.</p> <p>(1) "Risperidone (generic for Risperdal) is used to treat the symptoms of schizophrenia (a mental illness that causes disturbed or unusual thinking, loss of interest in life, and strong or inappropriate emotions) in adults and teenagers 13 years of age and older. It is also used to treat episodes of mania (frenzied, abnormally excited, or irritated mood) or mixed episodes (symptoms of mania and depression that happen together) in adults and in teenagers and children 10 years of age and older with bipolar disorder (manic depressive disorder; a disease that causes episodes of depression, episodes of mania, and other abnormal moods). Risperidone is also used to treat behavior problems such as aggression, self-injury, and sudden mood changes in teenagers and children 5 to 16 years of age who have autism (a condition that causes repetitive behavior, difficulty interacting with others, and problems with communication). Risperidone is in a class of medications called atypical antipsychotics. It works by changing the activity of certain natural substances in the brain." This information is taken from the website https://medlineplus.gov/druginfo/meds/a694015.html.</p> <p>(2) "Lorazepam (brand name Ativan) is used to relieve anxiety. Lorazepam is in a class of medications called benzodiazepines. It works by slowing activity in the brain to allow for relaxation." This information is taken from the website https://medlineplus.gov/druginfo/meds/a682053.html.</p>	F 656			

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

PRINTED: 04/14/2023
FORM APPROVED
OMB NO. 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 495165	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____		(X3) DATE SURVEY COMPLETED 03/23/2023
NAME OF PROVIDER OR SUPPLIER SHENANDOAH VALLEY WESTMINSTER CANTERBURY			STREET ADDRESS, CITY, STATE, ZIP CODE 300 WESTMINSTER CANTERBURY DR WINCHESTER, VA 22603		
(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 656	Continued From page 27 6. For Resident #34 (R34), the facility staff failed to implement the comprehensive care plan for monitoring for adverse side effects related to the physician prescribed medication, Lorazepam (1). On the most recent MDS (minimum data set), a quarterly assessment with an ARD (assessment reference date) of 12/10/22, R34 was coded as being moderately impaired for making daily decisions, having scored eight out of 15 on the BIMS (brief interview for mental status). The resident was coded as having received an antianxiety medication and an antidepressant medication on all seven days of the look back period. A review of R34's physician orders revealed the following order: "Lorazepam Oral Tablet 0.5 MG (Lorazepam) Give 1 tablet by mouth before meals for tremors." This order was dated 2/2/23. A review of R34's March 2023 MAR (medication administration record) revealed the Lorazepam had been administered as ordered each day. A review of R34's comprehensive care plan revealed, in part: "Monitor/document/report PRN (as needed) any adverse reactions to ANTI-ANXIETY therapy: Drowsiness, lack of energy, clumsiness, slow reflexes, Slurred speech, confusion and disorientation, depression, dizziness, lightheadedness, impaired thinking and judgment, memory loss, forgetfulness, nausea, stomach upset, blurred or double vision. UNEXPECTED SIDE EFFECTS: Mania, hostility, rage, aggressive or impulsive behavior, hallucinations." This intervention was initiated	F 656			

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

PRINTED: 04/14/2023
FORM APPROVED
OMB NO. 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 495165	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____		(X3) DATE SURVEY COMPLETED 03/23/2023
NAME OF PROVIDER OR SUPPLIER SHENANDOAH VALLEY WESTMINSTER CANTERBURY			STREET ADDRESS, CITY, STATE, ZIP CODE 300 WESTMINSTER CANTERBURY DR WINCHESTER, VA 22603		
(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 656	Continued From page 28 9/19/22. On 3/22/23 at 8:12 a.m., ASM #2 stated she could not provide evidence that the facility staff had been monitoring for side effects for the Lorazepam. ASM #2 stated they facility staff should be monitoring for side effects to make sure residents are not experiencing adverse reactions from medications that are intended to help them. On 3/22/23 at 4:30 p.m., ASM #1, the administrator, ASM #2, and ASM #3, the chief operating officer, were informed of these concerns. No further information was provided prior to exit. (1) "Lorazepam (brand name Ativan) is used to relieve anxiety. Lorazepam is in a class of medications called benzodiazepines. It works by slowing activity in the brain to allow for relaxation." This information is taken from the website https://medlineplus.gov/druginfo/meds/a682053.html .	F 656			
F 657 SS=D	Care Plan Timing and Revision CFR(s): 483.21(b)(2)(i)-(iii) §483.21(b) Comprehensive Care Plans §483.21(b)(2) A comprehensive care plan must be- (i) Developed within 7 days after completion of the comprehensive assessment. (ii) Prepared by an interdisciplinary team, that includes but is not limited to--	F 657		5/5/23	

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 495165	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____		(X3) DATE SURVEY COMPLETED 03/23/2023
NAME OF PROVIDER OR SUPPLIER SHENANDOAH VALLEY WESTMINSTER CANTERBURY			STREET ADDRESS, CITY, STATE, ZIP CODE 300 WESTMINSTER CANTERBURY DR WINCHESTER, VA 22603		
(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 657	<p>Continued From page 29</p> <p>(A) The attending physician.</p> <p>(B) A registered nurse with responsibility for the resident.</p> <p>(C) A nurse aide with responsibility for the resident.</p> <p>(D) A member of food and nutrition services staff.</p> <p>(E) To the extent practicable, the participation of the resident and the resident's representative(s). An explanation must be included in a resident's medical record if the participation of the resident and their resident representative is determined not practicable for the development of the resident's care plan.</p> <p>(F) Other appropriate staff or professionals in disciplines as determined by the resident's needs or as requested by the resident.</p> <p>(iii) Reviewed and revised by the interdisciplinary team after each assessment, including both the comprehensive and quarterly review assessments.</p> <p>This REQUIREMENT is not met as evidenced by:</p> <p>Based on observation, staff interview, facility document review, and clinical record review, the facility staff failed to revise a resident's care plan for one of 17 residents in the survey sample, Resident #34.</p> <p>The findings include:</p> <p>For Resident #34 (R34), the facility staff failed to update the resident's care plan with the resident's use of a knee brace and non-weightbearing status.</p> <p>On 3/21/23 at 8:38 a.m., R34 was seated at a table in the dining room. A knee brace was visible on the resident's right knee.</p>	F 657	<p>1. Corrective Action</p> <p>The areas of noted deficiencies for Resident #34 were corrected 3/22/23. The careplan was updated and revised to reflect the knee brace and the non-weightbearing status on 3/22/23.</p> <p>2. Other Potential Residents</p> <p>All residents who have a comprehensive care plan are potentially affected. An audit was conducted to determine if there were any interventions on care plans for active residents that were not being implemented. Findings were immediately corrected.</p> <p>4. Systems Change</p> <p>A) All active licensed nurses will be educated to review the care plan weekly</p>		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 495165	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____		(X3) DATE SURVEY COMPLETED 03/23/2023
NAME OF PROVIDER OR SUPPLIER SHENANDOAH VALLEY WESTMINSTER CANTERBURY			STREET ADDRESS, CITY, STATE, ZIP CODE 300 WESTMINSTER CANTERBURY DR WINCHESTER, VA 22603		
(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 657	<p>Continued From page 30</p> <p>A review of R34's clinical record revealed the following orders: "Resident to be non-weight bearing for 6 weeks or until physician releases." This order was dated 2/5/23.</p> <p>"R (right) knee neoprene brace to be on when out of bed & skin check to be performed on removal of brace qs (every shift)." This order was written 2/23/23.</p> <p>A review of R34's comprehensive care plan dated 9/8/22 revealed no information regarding the knee brace or the non-weightbearing status.</p> <p>On 3/22/23 at 1:25 p.m., LPN (licensed practical nurse) #1, the MDS (minimum data set) coordinator was interviewed. She stated she is responsible for updating the care plans as new opportunities arise with changes in residents' conditions. She stated the team meets daily and weekly to review new medications, treatments, or condition changes, and that the knee brace and non-weightbearing status should be on the care plan. After reviewing R34's care plan, she stated she could not determine that the care plan had been updated.</p> <p>On 3/22/23 at 4:30 p.m., ASM (administrative staff member) #1, the administrator, ASM #2, and ASM #3, the chief operating officer, were informed of these concerns.</p> <p>A review of the facility policy, "Care Plan, Comprehensive," revealed, in part: "The plan is periodically reviewed and revised by a team of qualified persons after each assessment. The resident and / or families are involved in care planning and updating to the extent possible."</p>	F 657	<p>to ensure all interventions are active and appropriate for each resident. Any revisions, the licensed nurse will notify MDS coordinator to revise the care plan.</p> <p>B). The MDS coordinator will review orders prior to adding interventions to the care plan when developing the comprehensive care plan and when there are changes with the plan of care.</p> <p>5. Monitoring The MDS coordinator will conduct weekly audits x4, then monthly for one year to ensure the care plan is accurate and make revisions as needed, all interventions are implemented/ revised. Findings will be reported to the QAPI committee bi-monthly.</p> <p>6. Date The corrective action will be completed by 5/05/23.</p>		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 495165	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____		(X3) DATE SURVEY COMPLETED 03/23/2023
NAME OF PROVIDER OR SUPPLIER SHENANDOAH VALLEY WESTMINSTER CANTERBURY			STREET ADDRESS, CITY, STATE, ZIP CODE 300 WESTMINSTER CANTERBURY DR WINCHESTER, VA 22603		
(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 657	Continued From page 31	F 657			
F 684 SS=D	<p>No further information was provided prior to exit.</p> <p>Quality of Care CFR(s): 483.25</p> <p>§ 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 and clinical record review, the facility staff failed to provide care and services to maintain a resident's highest level of well-being for one of 17 residents in the survey sample, Resident #35.</p> <p>The findings include:</p> <p>For Resident #35 (R35), the facility staff failed to obtain a physician recommended urinalysis on 2/25/23.</p> <p>A review of R35's clinical record revealed a nurse's note dated 2/25/23 that documented, "CNA (Certified nursing assistant) (name) reports that it appears resident has blood in (the resident's) urine. CNA showed this nurse resident's adult brief and it did have blood mixed in with the urine. This nurse placed a note in the doctor communication book asking that doctor assess resident." Further review of R35's clinical record failed to reveal any further documentation</p>	F 684	<p>1. Corrective Action Resident #35 had lab values obtained on 3/21/23, results within in normal range, no further evidence of blood in the urine.</p> <p>2. Other Potential Residents All residents are potentially affected for order changes written in the Physician communication book. An audit was conducted to ensure no orders were written in the communication book and not entered electronically. No findings noted.</p> <p>3. Systems Change A) The Physician communication book forms will be modified to prompt provider to enter orders electronically, queue the order or hand write on the hard chart, flagging the sheet to alert the licensed nurse of a new order. B) The licensed nurse who completes the 24-hour chart check will run the order listing report via EMR to ensure that orders are completed. Also check the</p>	5/5/23	

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 495165	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____		(X3) DATE SURVEY COMPLETED 03/23/2023
NAME OF PROVIDER OR SUPPLIER SHENANDOAH VALLEY WESTMINSTER CANTERBURY			STREET ADDRESS, CITY, STATE, ZIP CODE 300 WESTMINSTER CANTERBURY DR WINCHESTER, VA 22603		
(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 32 regarding bloody urine or that this was addressed by the physician. On 3/21/23 at 11:27 a.m., ASM (administrative staff member) #2 (the director of health services) presented a provider communication log dated 2/25/23. The log documented, "Based on resident's undergarment, it looks as though (the resident) has blood in (the resident's) urine (possible UTI [urinary tract infection])." The physician's response documented, "UA C&S (urinalysis with culture and sensitivity)." ASM #2 stated the urinalysis was never obtained. On 3/22/23 at 10:53 a.m., an interview was conducted with LPN (licensed practical nurse) #2. LPN #2 stated that if there is a non-emergent medical concern and the physician is not in the building then the nurses will write the concern in a communication log. LPN #2 stated that the next time the physician comes in, she checks the book, makes her assessment, gives verbal orders or writes the orders in the book. LPN #2 stated the nurses are responsible for creating the order in the computer system and carrying out the order. On 3/22/23 at 2:34 p.m., ASM #1 (the administrator) and ASM #2 were made aware of the above concern. A policy regarding the implementation of physician recommendations was requested. The policy provided and titled, "Documentation of the Clinical Record" failed to document information regarding the above concern.	F 684	hard chart for any handwritten orders. 4. Monitoring The Unit Coordinator will perform weekly audits x4, then monthly for one year to ensure there are no missed orders. Findings will be reported to the QAPI committee bi-monthly. 5. Date The corrective action will be completed by 5/05/23.		
F 686 SS=E	Treatment/Svcs to Prevent/Heal Pressure Ulcer CFR(s): 483.25(b)(1)(i)(ii)	F 686		5/5/23	

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 495165	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____		(X3) DATE SURVEY COMPLETED 03/23/2023
NAME OF PROVIDER OR SUPPLIER SHENANDOAH VALLEY WESTMINSTER CANTERBURY			STREET ADDRESS, CITY, STATE, ZIP CODE 300 WESTMINSTER CANTERBURY DR WINCHESTER, VA 22603		
(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 686	<p>Continued From page 33</p> <p>§483.25(b) Skin Integrity §483.25(b)(1) Pressure ulcers.</p> <p>Based on the comprehensive assessment of a resident, the facility must ensure that-</p> <p>(i) A resident receives care, consistent with professional standards of practice, to prevent pressure ulcers and does not develop pressure ulcers unless the individual's clinical condition demonstrates that they were unavoidable; and</p> <p>(ii) A resident with pressure ulcers receives necessary treatment and services, consistent with professional standards of practice, to promote healing, prevent infection and prevent new ulcers from developing.</p> <p>This REQUIREMENT is not met as evidenced by:</p> <p>Based on staff interview, facility document review and clinical record review, the facility staff failed to provide care and services for a pressure injury for one of 17 residents in the survey sample, Resident #6.</p> <p>The findings include:</p> <p>For Resident #6 (R6), the facility staff failed to evidence treatment was provided for the resident's left lateral foot pressure injury, as ordered by the physician, on multiple dates during February 2023 and March 2023.</p> <p>A review of R6's clinical record revealed a pressure injury assessment dated 2/14/23 that documented the resident presented with a deep tissue injury on the outer aspect of the left lateral foot (present on admission 2/13/23). A physician's order dated 2/14/23 documented to apply skin prep to the left lateral foot wound twice a day. A review of R6's February 2023 and March 2023 MARs (medication administration</p>	F 686	<p>1. Corrective Action Resident #6 treatment order was immediately corrected to reflect on the TAR on 3/22/23.</p> <p>2. Other Potential Residents All residents who have pressure injuries are potentially affected. An audit was conducted on the one resident with a pressure injury, all treatments were in place, orders correctly documented.</p> <p>3. Systems Change A) All active Licensed nurses and providers will be educated on proper order entry for treatments and what to select for proper documentation. B) The Licensed nurse who performs the 24-chart check will check orders for all with pressure injuries to ensure the order entry is correct and supporting documentation on the TAR. The Unit Coordinator/designee will perform an audit weekly during pressure injury rounds to ensure treatments being</p>		

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

PRINTED: 04/14/2023
FORM APPROVED
OMB NO. 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 495165	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____		(X3) DATE SURVEY COMPLETED 03/23/2023
NAME OF PROVIDER OR SUPPLIER SHENANDOAH VALLEY WESTMINSTER CANTERBURY			STREET ADDRESS, CITY, STATE, ZIP CODE 300 WESTMINSTER CANTERBURY DR WINCHESTER, VA 22603		
(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 686	<p>Continued From page 34</p> <p>records) and TARs (treatment administration records) failed to reveal the physician's order for skin prep to the left lateral foot twice a day and failed to reveal the treatment was completed. A review of nurse's notes for February 2023 and March 2023 failed to reveal skin prep was applied to the left lateral foot on any dates except for 2/27/23, 3/1/23, 3/2/23, 3/6/23, 3/7/23 and 3/10/23.</p> <p>R6's comprehensive care plan dated 2/27/23 and revised on 3/1/23 documented, "(Name of R6) has actual impairment to skin integrity r/t (related to) pressure injuries...Tx (Treatment) as ordered..."</p> <p>On 3/22/23 at 10:40 a.m., an interview was conducted with LPN (licensed practical nurse) #2. LPN #2 stated nurses evidence that treatments are done by signing them off on the TAR and that would be the only physical place to see that the treatments were done. LPN #2 stated she entered the physician order for skin prep to the left lateral foot into the computer system and when she did this, she was supposed to select an order type for TAR so the order would transfer to the TAR. LPN #2 stated she did not do this and there was no evidence that the treatment was done per physician's order.</p> <p>On 3/22/23 at 2:34 p.m., ASM (administrative staff member) #1 (the administrator) and ASM #2 (the director of health services) were made aware of the above concern.</p> <p>The facility policy titled, "Pressure Injury Prevention and Care Protocol" documented, "Standard: A program of prevention, care, and treatment of pressure injury is carried out for all</p>	F 686	<p>documented as ordered.</p> <p>4. Monitoring The Unit Coordinator/designee will perform an audit weekly during pressure injury rounds to ensure treatments are being documented as ordered. Findings will be reported to the QAPI committee bi-monthly.</p> <p>5.Date The corrective action will be completed by 5/05/23.</p>		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 495165	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____		(X3) DATE SURVEY COMPLETED 03/23/2023
NAME OF PROVIDER OR SUPPLIER SHENANDOAH VALLEY WESTMINSTER CANTERBURY			STREET ADDRESS, CITY, STATE, ZIP CODE 300 WESTMINSTER CANTERBURY DR WINCHESTER, VA 22603		
(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 686	Continued From page 35	F 686			
F 697 SS=E	<p>Pain Management CFR(s): 483.25(k)</p> <p>§483.25(k) Pain Management. The facility must ensure that pain management is provided to residents who require such services, consistent with professional standards of practice, the comprehensive person-centered care plan, and the residents' goals and preferences. This REQUIREMENT is not met as evidenced by: Based on resident interview, staff interview, clinical record review and facility document review it was determined that the facility staff failed to provide a complete pain management program including implementation of non-pharmacological interventions prior to the administration of as needed pain medications for three of 17 residents in the survey sample, Residents #4, #97 and #34.</p> <p>The findings include:</p> <p>1. For Resident #4 (R4), the facility staff failed to evidence implementation of non-pharmacological interventions prior to administration of as needed Tylenol with Codeine #3 (1).</p> <p>On the most recent MDS (minimum data set), a significant change assessment with an ARD (assessment reference date) of 1/4/2023, the resident scored 13 out of 15 on the BIMS (brief interview for mental status) assessment, indicating the resident was cognitively intact for making daily decisions. Section J documented R4 having pain frequently and receiving as needed pain medications. Section J further</p>	F 697	<p>1. Corrective Action Non-pharmacological approaches were added to all pain medication orders for Residents #4, #97 and #34 on 3/21/23. Resident #97: pain assessments were completed per policy and staff education to complete accurate pain assessments.</p> <p>2. Other Potential Residents All residents who have pain medication orders are potentially affected. An audit was conducted for all active residents with pain medications, those without the non-pharmacological approaches were added immediately.</p> <p>3. Systems Change A) All active licensed nurses and providers will be educated on proper order entry for pain medications including non-pharmacological approaches. B) The Licensed nurse who performs the 24-chart check will check orders for pain medication to ensure the order entry is correct including the non-pharmacological and supporting documentation on the MAR.</p>	5/5/23	

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 495165	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____		(X3) DATE SURVEY COMPLETED 03/23/2023
NAME OF PROVIDER OR SUPPLIER SHENANDOAH VALLEY WESTMINSTER CANTERBURY			STREET ADDRESS, CITY, STATE, ZIP CODE 300 WESTMINSTER CANTERBURY DR WINCHESTER, VA 22603		
(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 697	<p>Continued From page 36</p> <p>documented R4 not receiving non-medication interventions for pain.</p> <p>On 3/21/2023 at 11:22 a.m., an interview was conducted with R4. R4 stated that they had pain at times and the nurses gave them medication to help. R4 stated that sometimes the staff tried to give them a pillow but most of the time they just gave the medication.</p> <p>The physician order's for R4 documented in part, - "Tylenol with Codeine #3 Tablet 300-30 MG (milligram) (Acetaminophen-Codeine) Give 1 tablet by mouth every 6 hours as needed for For pain scale of 6-10. Order Date: 12/22/2022. Start Date: 12/22/2022."</p> <p>The eMAR (electronic medication administration record) dated 1/1/2023-1/31/2023 documented the Tylenol with Codeine #3 administered to R4 a total of 26 times for pain levels ranging from 6-10. The eMAR failed to evidence documentation of non-pharmacological interventions prior to the administration of the as needed Tylenol with Codeine #3.</p> <p>The eMAR dated 2/1/2023-2/28/2023 documented the Tylenol with Codeine #3 administered to R4 a total of 14 times for pain levels ranging from 6-8. The eMAR failed to evidence documentation of non-pharmacological interventions prior to the administration of the as needed Tylenol with Codeine #3.</p> <p>The eMAR dated 3/1/2023-3/31/2023 documented the Tylenol with Codeine #3 administered to R4 a total of 10 times for pain levels ranging from 7-8. The eMAR failed to evidence documentation of non-pharmacological</p>	F 697	<p>C) staff education on proper pain assessment will be completed.</p> <p>d) med observation audits.</p> <p>e) weekly pain assessment audit weekly x4 and and quarterly for one year to ensure accurate and timely completion.</p> <p>4. Monitoring The Unit Coordinator/designee will perform an audit weekly x4 then quarterly for one year to ensure non-pharmacological approaches are being documented as ordered and pain assessment as well. Findings will be reported to the QAPI committee bi-monthly.</p> <p>5.Date The corrective action will be completed by 5/05/23.</p>		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 495165	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____		(X3) DATE SURVEY COMPLETED 03/23/2023
NAME OF PROVIDER OR SUPPLIER SHENANDOAH VALLEY WESTMINSTER CANTERBURY			STREET ADDRESS, CITY, STATE, ZIP CODE 300 WESTMINSTER CANTERBURY DR WINCHESTER, VA 22603		
(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 697	<p>Continued From page 37</p> <p>interventions prior to the administration of the as needed Tylenol with Codeine #3.</p> <p>The progress notes for R4 from 1/1/2023-3/22/2023 failed to evidence documentation of non-pharmacological interventions attempted or offered prior to the administration of the as needed pain medication documented on the eMARs.</p> <p>The comprehensive care plan for R4 dated 8/9/2022 documented in part, "[Name of R4] has chronic pain r/t (related to) old right ankle fx (fracture) and arthritis. Date Initiated: 08/09/2022. Revision on: 01/18/2023..." Under "Interventions" it documented in part, "...Medications as ordered. Non-medication interventions to be offered. Date Initiated: 08/25/2022. Revision on: 08/25/2022..."</p> <p>On 3/22/2023 at 10:56 a.m., an interview was conducted with LPN (licensed practical nurse) #2. LPN #2 stated that prior to administration of as needed pain medications the nurse assessed the residents pain by asking them to describe the pain, the location of the pain and to rate the pain on a 0-10 pain scale. LPN #2 stated that they attempted non-medication interventions prior to administering medications because sometimes the pain could be alleviated without medication. LPN #2 stated that they attempted non-medication interventions such as repositioning, music or offering a snack or drink to the resident. LPN #2 stated that they would reevaluate the resident afterwards and if the pain was not relieved then would administer the medication. LPN #2 stated that the non-medication interventions were documented on the eMAR under the supplemental</p>	F 697			

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

PRINTED: 04/14/2023
FORM APPROVED
OMB NO. 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 495165	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____		(X3) DATE SURVEY COMPLETED 03/23/2023
NAME OF PROVIDER OR SUPPLIER SHENANDOAH VALLEY WESTMINSTER CANTERBURY			STREET ADDRESS, CITY, STATE, ZIP CODE 300 WESTMINSTER CANTERBURY DR WINCHESTER, VA 22603		
(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 697	<p>Continued From page 38</p> <p>documentation with the as needed pain medications. LPN #2 stated that the nurses should be documenting a "Y" or "N" for yes or no when offered. LPN #2 stated that if the non-medical interventions were not documented on the eMAR that it could not be proven that they were offered to the resident prior to administration of the as needed pain medications.</p> <p>On 3/22/2023 at 11:35 a.m., ASM (administrative staff member) #2, the director of health services stated that they did not have evidence of non-pharmacological interventions offered to R4 prior to the administration of the Tylenol with Codeine #3 from 1/1/2023-3/22/2023.</p> <p>The facility policy "Pain Management in the Long Term Care Setting" dated 10/14/2022 documented in part, "...Document present and past treatments utilized by the resident for the treatment of pain, include: a. medications both prescription and OTC (over the counter) and length of time on each. b. alternative treatments such as positioning, heat and cold applications. c. specify the treatment by each site of pain. d. record the effectiveness of each treatment...Considerations: ...For pain related to degenerative joint disease (e.g., arthritis, etc.). Positioning, relaxation, and distraction techniques are particularly important in this population. The use of ice or heat as ordered by the physician or APRN can also be used for pain relief..."</p> <p>On 3/22/2023 at approximately 2:33 p.m., ASM #1, the administrator, ASM #2, the director of health services, ASM #3, the chief operating officer and LPN #2, the healthcare unit coordinator were made aware of the concern.</p>	F 697			

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

PRINTED: 04/14/2023
FORM APPROVED
OMB NO. 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 495165	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____		(X3) DATE SURVEY COMPLETED 03/23/2023
NAME OF PROVIDER OR SUPPLIER SHENANDOAH VALLEY WESTMINSTER CANTERBURY			STREET ADDRESS, CITY, STATE, ZIP CODE 300 WESTMINSTER CANTERBURY DR WINCHESTER, VA 22603		
(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 697	<p>Continued From page 39</p> <p>No further information was provided prior to exit.</p> <p>Reference: (1) Tylenol #3 The combination of acetaminophen and codeine is used to relieve mild to moderate pain. Acetaminophen is in a class of medications called analgesics (pain relievers) and antipyretics (fever reducers). It works by changing the way the body senses pain and by cooling the body. Codeine belongs to a class of medications called opiate (narcotic) analgesics and to a class of medications called antitussives. When codeine is used to treat pain, it works by changing the way the brain and nervous system respond to pain. When codeine is used to reduce coughing, it works by decreasing the activity in the part of the brain that causes coughing. This information was obtained from the website: https://medlineplus.gov/druginfo/meds/a601005.html</p> <p>2. For Resident #97 (R97), the facility staff failed to initiate a complete pain assessment and failed to attempt non-pharmacological interventions when the as needed pain medications acetaminophen and oxycodone were administered on multiple dates in March 2023.</p> <p>Resident #97's (R97) baseline care plan dated 3/14/23 documented the resident takes opioids. Further review of R97's clinical record revealed a physician's order dated 3/14/23 for oxycodone 5 mg (milligrams) every four hours as needed for pain on a scale from seven to ten and a physician's order dated 3/15/23 for acetaminophen 500 mg every six hours as needed for pain on a scale from one to six. A review of R97's March 2023 MAR (medication</p>	F 697			

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

PRINTED: 04/14/2023
FORM APPROVED
OMB NO. 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 495165	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____		(X3) DATE SURVEY COMPLETED 03/23/2023
NAME OF PROVIDER OR SUPPLIER SHENANDOAH VALLEY WESTMINSTER CANTERBURY			STREET ADDRESS, CITY, STATE, ZIP CODE 300 WESTMINSTER CANTERBURY DR WINCHESTER, VA 22603		
(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 697	<p>Continued From page 40</p> <p>administration record) revealed the resident was administered as needed oxycodone on 3/14/23, 3/15/23, 3/16/23, 3/18/23, 3/19/23 and 3/20/23. Further review of R97's clinical record (including the March 2023 MAR and March 2023 nurses' notes) failed to reveal a complete pain assessment (including location, quality and duration) was completed on 3/18/23, 3/19/23 and 3/20/23, and failed to reveal non-pharmacological interventions were attempted on 3/15/23, 3/16/23, 3/18/23, 3/19/23 and 3/20/23. Further review of R97's March 2023 MAR revealed the resident was administered as needed acetaminophen on 3/15/23 through 3/20/23. Further review of R97's clinical record (including the March 2023 MAR and March 2023 nurses' notes) failed to reveal a complete pain assessment (including location, quality and duration) was completed on 3/15/23, 3/16/23, 3/18/23, 3/19/23 and 3/20/23, and failed to reveal non-pharmacological interventions were attempted on 3/15/23 and 3/17/23.</p> <p>On 3/22/23 at 10:53 a.m., an interview was conducted with LPN (licensed practical nurse) #2. LPN #2 stated non-medication interventions such as repositioning, music, food and drink should be offered prior to the administration of as needed pain medications. LPN #2 stated, "Well, if you can alleviate without medication that's wonderful and sometimes you could just be uncomfortable in your sitting. If you sit too long, you may get a cramp and can alleviate with getting up and not taking a medication." In regards to pain assessments prior to the administration of as needed pain medications, LPN #2 stated, "If a resident says they are having pain, of course I'm going to ask them where the pain is, how does it feel, any other specifics, radiation, pain scale on a scale of zero to ten then from there I would try a</p>	F 697			

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

PRINTED: 04/14/2023
FORM APPROVED
OMB NO. 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 495165	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____		(X3) DATE SURVEY COMPLETED 03/23/2023
NAME OF PROVIDER OR SUPPLIER SHENANDOAH VALLEY WESTMINSTER CANTERBURY			STREET ADDRESS, CITY, STATE, ZIP CODE 300 WESTMINSTER CANTERBURY DR WINCHESTER, VA 22603		
(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 697	<p>Continued From page 41</p> <p>non-medication intervention and if that didn't work then I would give the prn (as needed) pain medication."</p> <p>On 3/22/23 at 2:34 p.m., ASM (administrative staff member) #1 (the administrator) and ASM #2 (the director of health services) were made aware of the above concern.</p> <p>3. For Resident #34 (R34), the facility staff failed to implement nonpharmacological interventions prior to administering as needed Tylenol on multiple occasions in March 2023.</p> <p>On the most recent MDS (minimum data set), a quarterly assessment with an ARD (assessment reference date) of 12/10/22, R34 was coded as being moderately impaired for making daily decisions, having scored eight out of 15 on the BIMS (brief interview for mental status). The resident was coded as having experienced no pain during the look back period.</p> <p>A review of R34's physician order revealed the following order: "Acetaminophen Tablet (Tylenol) 325 MG (milligrams) Give 2 tablets by mouth every 4 hours as needed for pain." This order was written 2/19/23.</p> <p>A review of R34's March 2023 MAR (medication administration record) revealed the resident received as needed Tylenol 15 times.</p> <p>Further review of R34's clinical record revealed no evidence that nonpharmacological interventions were attempted to relieve the resident's pain prior to administration of the as needed Tylenol.</p>	F 697			

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

PRINTED: 04/14/2023
FORM APPROVED
OMB NO. 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 495165	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____		(X3) DATE SURVEY COMPLETED 03/23/2023
NAME OF PROVIDER OR SUPPLIER SHENANDOAH VALLEY WESTMINSTER CANTERBURY			STREET ADDRESS, CITY, STATE, ZIP CODE 300 WESTMINSTER CANTERBURY DR WINCHESTER, VA 22603		
(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 697	Continued From page 42 On 3/22/23 at 10:56 a.m., LPN (licensed practical nurse) #2, the unit manager, was interviewed. She stated prior to administering an as needed pain medication, she would attempt "non-medical" interventions such as repositioning, soft music, and offering a snack or fluids. She stated if pain can be alleviated without medication, that is in the resident's best interests. She stated attempts at nonpharmacological interventions should be documented either on the MAR or in a progress note. On 3/22/23 at 4:30 p.m., ASM (administrative staff member) #1, the administrator, ASM #2, and ASM #3, the chief operating officer, were informed of these concerns.	F 697			
F 757 SS=E	No further information was provided prior to exit. Drug Regimen is Free from Unnecessary Drugs CFR(s): 483.45(d)(1)-(6) §483.45(d) Unnecessary Drugs-General. Each resident's drug regimen must be free from unnecessary drugs. An unnecessary drug is any drug when used- §483.45(d)(1) In excessive dose (including duplicate drug therapy); or §483.45(d)(2) For excessive duration; or §483.45(d)(3) Without adequate monitoring; or §483.45(d)(4) Without adequate indications for its use; or §483.45(d)(5) In the presence of adverse consequences which indicate the dose should be	F 757		5/5/23	

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 495165	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____		(X3) DATE SURVEY COMPLETED 03/23/2023
NAME OF PROVIDER OR SUPPLIER SHENANDOAH VALLEY WESTMINSTER CANTERBURY			STREET ADDRESS, CITY, STATE, ZIP CODE 300 WESTMINSTER CANTERBURY DR WINCHESTER, VA 22603		
(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 757	<p>Continued From page 43 reduced or discontinued; or</p> <p>§483.45(d)(6) Any combinations of the reasons stated in paragraphs (d)(1) through (5) of this section. This REQUIREMENT is not met as evidenced by: Based on staff interview, facility document review and clinical record review, the facility staff failed to ensure residents were free from unnecessary medications for two of 17 residents in the survey sample, Residents #97 and #98.</p> <p>1. For Resident #97 (R97), the facility staff administered the as needed pain medication, oxycodone, outside of the physician ordered parameters, which was for pain rated between seven to ten (7 to 10 on a pain scale of 1-10) on 3/20/23. The staff administered oxycodone for a pain rating of three (3 out of 10 on the pain scale).</p> <p>A review of R97's clinical record revealed a physician's order dated 3/14/23 for oxycodone 5 mg (milligrams) every four hours as needed for pain on a scale from seven to ten and a physician's order dated 3/15/23 for acetaminophen 500 mg every six hours as needed for pain on a scale from one to six. A review of R97's March 2023 MAR (medication administration record) revealed the resident was administered as needed oxycodone on 3/20/23 for pain rated as three.</p> <p>On 3/22/23 at 10:53 a.m., an interview was conducted with LPN (licensed practical nurse) #2. LPN #2 stated as needed pain medications should be given per the physician ordered parameters. LPN #2 was shown R97's</p>	F 757	<p>1. Corrective Action The nurse who administered the medication to Resident #97 for the wrong pain rate is no longer an employee of community. Resident #98 received order for monitoring for side effects for use of anticoagulant medication on 3/22/23. Resident #97: this resident was discharged on 3/24/23. Yes she received her pain medication as ordered through the 24th of March, 2023.</p> <p>2. Other Potential Residents All active residents prescribed pain and anticoagulant medications are potentially affected. An 100% audit was conducted to determine the appropriate medications were administered based on pain rate as parameters are ordered. All residents <input type="checkbox"/> prescribed anticoagulants have orders for monitoring side effects. All findings were corrected immediately.</p> <p>3. Systems Change A) All active licensed nurses will receive re-education on the proper medication administration guidelines, including reading each order prior to administering all pain medications that include parameters. B) All active licensed nurses and providers will be educated on order entry of anticoagulant medications to include monitoring of side effects via batch order</p>		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 495165	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____		(X3) DATE SURVEY COMPLETED 03/23/2023
NAME OF PROVIDER OR SUPPLIER SHENANDOAH VALLEY WESTMINSTER CANTERBURY			STREET ADDRESS, CITY, STATE, ZIP CODE 300 WESTMINSTER CANTERBURY DR WINCHESTER, VA 22603		
(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 757	<p>Continued From page 44</p> <p>physician's orders for oxycodone and acetaminophen. LPN #2 stated that if R97 complained of pain rated as three then the resident should be administered Tylenol (acetaminophen). LPN #3 stated oxycodone should not be administered for pain rated as three because the oxycodone parameter is pain rated seven to ten.</p> <p>On 3/22/23 at 2:34 p.m., ASM (administrative staff member) #1 (the administrator) and ASM #2 (the director of health services) were made aware of the above concern.</p> <p>The facility policy titled, "Pain Management in the Long Term Care Setting" documented, "When treating pain, start with a drug appropriate to the resident's current level of pain..."</p> <p>2. For Resident #98 (R98), the facility staff failed to monitor the resident for side effects (bleeding) of the anticoagulant (blood thinning) medication Eliquis (1).</p> <p>A review of R98's clinical record revealed a physician's order dated 3/9/23 for Eliquis 2.5 mg (milligrams) every 12 hours for atrial fibrillation. A review of R98's March 2023 MAR (medication administration record) revealed the resident was administered Eliquis every 12 hours from 3/9/23 through 3/20/23. Further review of R98's clinical record (including the March 2023 MAR and March 2023 nurses' notes) failed to reveal the resident was monitored for side effects (bleeding) from the Eliquis.</p> <p>On 3/22/23 at 1:11 p.m., an interview was conducted with RN (registered nurse) #1. RN #1</p>	F 757	<p>set.</p> <p>c)audits of medication with parameters weekly x4 and then monthly for one year.Findings will be reported to QAPI committee bimonthly.</p> <p>4. Monitoring The Unit Coordinator/designee will complete pain rate assessments and the anticoagulant assessment audits weekly x4, then monthly to ensure pain medications are being administered as order with parameters and all anticoagulants monitoring of side effects monthly. Findings will be reported to the QAPI committee bi-monthly.</p> <p>5.Date The corrective action will be completed by 5/05/23.</p>		

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

PRINTED: 04/14/2023
FORM APPROVED
OMB NO. 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 495165	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____		(X3) DATE SURVEY COMPLETED 03/23/2023
NAME OF PROVIDER OR SUPPLIER SHENANDOAH VALLEY WESTMINSTER CANTERBURY			STREET ADDRESS, CITY, STATE, ZIP CODE 300 WESTMINSTER CANTERBURY DR WINCHESTER, VA 22603		
(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 757	Continued From page 45 stated that if a resident takes an anticoagulant medication then the nurses certainly watch for blood in their stools, blood in their urine, petechiae (small red or purple spots on the skin caused by bleeding), and increased bruising. On 3/22/23 at 3:53 p.m., ASM (administrative staff member) #2 (the director of health services) stated she could not provide documentation to evidence the facility staff were monitoring R98 for side effects related to anticoagulant use. ASM #2 was made aware of this concern. On 3/22/23 at 5:04 p.m., ASM #1 (the administrator) was made aware of the above concern. The facility policy titled, "Anticoagulant Therapy" documented, "1. Observe for signs of bleeding · Blood in urine or stool (black, tarry stools) · Bleeding of gums, nose · Small purplish, hemorrhagic spots on skin · Excessive and easy bruising · Bleeding from tumors, ulcers, or lesions · Confusion, change in mental status." Reference: (1) "ELIQUIS is indicated to reduce the risk of stroke and systemic embolism in patients with nonvalvular atrial fibrillation (NVAF)...Bleeding Risk: ELIQUIS increases the risk of bleeding and can cause serious, potentially fatal, bleeding." This information was obtained from the website: https://www.eliquis.com/eliquis/hcp/wellcareform?cid=sem_2167331&ovl=isi&gclid=64c052d127001aa9ec1836cd1510884c&gclid=3p.ds&	F 757			
F 758 SS=E	Free from Unnec Psychotropic Meds/PRN Use CFR(s): 483.45(c)(3)(e)(1)-(5)	F 758		5/5/23	

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 495165	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____		(X3) DATE SURVEY COMPLETED 03/23/2023
NAME OF PROVIDER OR SUPPLIER SHENANDOAH VALLEY WESTMINSTER CANTERBURY			STREET ADDRESS, CITY, STATE, ZIP CODE 300 WESTMINSTER CANTERBURY DR WINCHESTER, VA 22603		
(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 758	<p>Continued From page 46</p> <p>§483.45(e) Psychotropic Drugs.</p> <p>§483.45(c)(3) A psychotropic drug is any drug that affects brain activities associated with mental processes and behavior. These drugs include, but are not limited to, drugs in the following categories:</p> <ul style="list-style-type: none"> (i) Anti-psychotic; (ii) Anti-depressant; (iii) Anti-anxiety; and (iv) Hypnotic <p>Based on a comprehensive assessment of a resident, the facility must ensure that---</p> <p>§483.45(e)(1) Residents who have not used psychotropic drugs are not given these drugs unless the medication is necessary to treat a specific condition as diagnosed and documented in the clinical record;</p> <p>§483.45(e)(2) Residents who use psychotropic drugs receive gradual dose reductions, and behavioral interventions, unless clinically contraindicated, in an effort to discontinue these drugs;</p> <p>§483.45(e)(3) Residents do not receive psychotropic drugs pursuant to a PRN order unless that medication is necessary to treat a diagnosed specific condition that is documented in the clinical record; and</p> <p>§483.45(e)(4) PRN orders for psychotropic drugs are limited to 14 days. Except as provided in §483.45(e)(5), if the attending physician or prescribing practitioner believes that it is appropriate for the PRN order to be extended beyond 14 days, he or she should document their</p>	F 758			

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 495165	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____		(X3) DATE SURVEY COMPLETED 03/23/2023
NAME OF PROVIDER OR SUPPLIER SHENANDOAH VALLEY WESTMINSTER CANTERBURY			STREET ADDRESS, CITY, STATE, ZIP CODE 300 WESTMINSTER CANTERBURY DR WINCHESTER, VA 22603		
(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 758	<p>Continued From page 47</p> <p>rationale in the resident's medical record and indicate the duration for the PRN order.</p> <p>§483.45(e)(5) PRN orders for anti-psychotic drugs are limited to 14 days and cannot be renewed unless the attending physician or prescribing practitioner evaluates the resident for the appropriateness of that medication. This REQUIREMENT is not met as evidenced by:</p> <p>Based on staff interview, facility document review, and clinical record review, it was determined that the facility staff failed to ensure residents were free of unnecessary psychoactive medications for five of 17 residents in the survey sample, Residents #17, #34, #98, #22, and #36.</p> <p>The findings include:</p> <p>1.a. For Resident #17 (R17), the facility staff failed to document the rationale for extending the administration of an "as needed" Lorazepam beyond the original 14 days.</p> <p>On the most recent MDS (minimum data set), a quarterly assessment with an ARD (assessment reference date) of 1/11/23, R17 was coded as being severely cognitively impaired for making daily decisions. The resident was coded as having received an antipsychotic medication six of seven days of the look back period, and as having received an antianxiety medication all seven days of the look back period.</p> <p>A review of R17's physician orders revealed the following order: "Lorazepam Concentrate 2 MG/ML (milligrams per milliliter) Give 0.25 ml by mouth every 6 hours as needed for agitation or anxiety." This order was dated 9/20/22, and was</p>	F 758	<p>1. Corrective Action Resident #17 no longer has an order for PRN Lorazepam. Resident #17, #34, #98, #22 and #36 received orders to monitor for adverse side effects for the use of psychotropic drugs on 3/23/23. Resident #36 had pharmacy review conducted on 3/27/23 for gradual dose reduction for use of Celexa.</p> <p>2. Other Potential Residents All active residents who are prescribed psychotropic medications are potentially affected. Medication order listing report for all psychotropic medications was ran, based on report, all residents received orders for monitoring adverse side effects to psychotropic medications. All residents with PRN psychotropic medications were reviewed for 14-day duration. No findings noted for PRN psychotropic medications.</p> <p>3. Systems Change A) All active Licensed nurses and providers will be educated on order entry of all psychotropic medications will need to have adverse side effects included in the order entry. Education will also include PRN psychotropic medications must have 14-day duration with a</p>		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 495165	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____		(X3) DATE SURVEY COMPLETED 03/23/2023
NAME OF PROVIDER OR SUPPLIER SHENANDOAH VALLEY WESTMINSTER CANTERBURY			STREET ADDRESS, CITY, STATE, ZIP CODE 300 WESTMINSTER CANTERBURY DR WINCHESTER, VA 22603		
(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 758	<p>Continued From page 48 discontinued 3/17/23,</p> <p>A review of R17's MARs (medication administration records) revealed the resident received as needed Lorazepam three times in January 2023, two times in February 2023, and once in March 2023.</p> <p>Further review of R17's clinical record revealed no evidence that R17's order for as needed Lorazepam was reviewed or renewed beyond the initial 14 days of the order.</p> <p>On 3/22/23 at 10:29 a.m., ASM (administrative staff member) #2, the director of nursing, stated she could not provide evidence that the order for as needed Lorazepam for R17 had been reviewed or discontinued beyond the initial 14 days. She stated ordinarily she gets a notification from the pharmacy for all new psychoactive medication orders for all residents. She follows up to make sure any as needed psychoactive medication orders have a 14 day stop date.</p> <p>On 3/22/23 at 12:02 p.m., ASM #4, the medical director, was interviewed. She stated she is aware that Lorazepam is limited to 14 days of use as an as need medication. She stated: "I know it can be renewed or lengthened. She stated: "Someone should have told me in a week or two to review the medication and to see how [R17] was doing on it." She added: "You shouldn't stay on a PRN (as needed medication). It should either be discontinued or scheduled."</p> <p>On 3/22/23 at 4:30 p.m., ASM #1, the administrator, ASM #2, and ASM #3, the chief operating officer, were informed of these concerns.</p>	F 758	<p>re-assessment.</p> <p>B) Monthly pharmacy review by the consultant pharmacist will review all psychotropic medications quarterly seeking gradual drug reduction with documentation.</p> <p>C) The mental health provider will review and recommend gradual drug reduction quarterly during meetings with residents as appropriate with documentation. The mental health provider will meet monthly with our Medical Director to review orders and plan of care for the residents.</p> <p>4. Monitoring The DON/designee will review all medical records with psychotropic medications to ensure there is monitoring of adverse side effects weekly x4, then monthly for one year. The DON/designee will review monthly the pharmacy medications reviews to determine the gradual drug reduction is being addressed for the active residents on psychotropic medications.</p> <p>5.Date The corrective action will be completed by 5/05/23.</p>		

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

PRINTED: 04/14/2023
FORM APPROVED
OMB NO. 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 495165	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____		(X3) DATE SURVEY COMPLETED 03/23/2023
NAME OF PROVIDER OR SUPPLIER SHENANDOAH VALLEY WESTMINSTER CANTERBURY			STREET ADDRESS, CITY, STATE, ZIP CODE 300 WESTMINSTER CANTERBURY DR WINCHESTER, VA 22603		
(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 758	Continued From page 49 A review of the facility policy, "Restraints, Chemical and Antipsychotropics," revealed, in part: "A PRN (as necessary) antipsychotic agent should be used: to titrate the resident's total daily dose UP, to achieve symptoms relief; or DOWN, to avoid side effects; or DOWN, to effect a gradual dose reduction; or to manage unexpected harmful behaviors that may affect the residents or staff's safety that cannot be controlled otherwise. If such behaviors remain unmanageable after seven days, reassessment of the resident is indicated." No further information was provided prior to exit. (1) "Lorazepam (brand name Ativan) is used to relieve anxiety. Lorazepam is in a class of medications called benzodiazepines. It works by slowing activity in the brain to allow for relaxation." This information is taken from the website https://medlineplus.gov/druginfo/meds/a682053.html . 1.b. For R17, the facility staff failed to monitor the resident for adverse side effects of Risperdal (2) and Lorazepam. A review of R17's physician orders revealed the following orders: "Risperdal Tablet 0.5 MG (risperidone) Give 1 tablet by mouth at bedtime for hallucinations and delusions." This order was dated 1/25/21. "Lorazepam Intensol Concentrate 2 MG/ML (Lorazepam) Give 0.25 ml by mouth in the morning." This order was dated 12/16/22.	F 758			

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

PRINTED: 04/14/2023
FORM APPROVED
OMB NO. 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 495165	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____		(X3) DATE SURVEY COMPLETED 03/23/2023
NAME OF PROVIDER OR SUPPLIER SHENANDOAH VALLEY WESTMINSTER CANTERBURY			STREET ADDRESS, CITY, STATE, ZIP CODE 300 WESTMINSTER CANTERBURY DR WINCHESTER, VA 22603		
(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 758	<p>Continued From page 50</p> <p>Further review of R17's MARs revealed the resident received Risperdal and Lorazepam as ordered in January 2023, February 2023, and March 2023.</p> <p>A review of R17's comprehensive care plan revealed, in part: "Monitor the resident every shift for safety. The resident is taking ANTI-ANXIETY meds which are associated with an increased risk of confusion, amnesia, loss of balance, and cognitive impairment that looks like dementia and increases risk of falls, broken hips and legs." This portion of the care plan was initiated on 5/8/18, and updated 8/6/21. This review further revealed, in part: "Monitor/document/report PRN any adverse reactions of PSYCHOTROPIC medications: unsteady gait, tardive dyskinesia, EPS (extrapyramidal side effects) (shuffling gait, rigid muscles, shaking), frequent falls, refusal to eat, difficulty swallowing, dry mouth, depression, suicidal ideations, social isolation, blurred vision, diarrhea, fatigue, insomnia, loss of appetite, weight loss, muscle cramps nausea, vomiting, behavior symptoms not usual to the person." This portion of the care plan was initiated on 1/20/22.</p> <p>On 3/22/23 at 8:12 a.m., ASM #2 stated she could not provide evidence that the facility staff had been monitoring for side effects for the Lorazepam and Risperdal. She stated they facility staff should be monitoring for side effects to make sure residents are not experiencing adverse reactions from medications that are intended to help them.</p> <p>On 3/22/23 at 1:13 p.m., RN (registered nurse) #1 was interviewed. She stated when a resident first goes on a psychoactive medication, the</p>	F 758			

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

PRINTED: 04/14/2023
FORM APPROVED
OMB NO. 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 495165	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____		(X3) DATE SURVEY COMPLETED 03/23/2023
NAME OF PROVIDER OR SUPPLIER SHENANDOAH VALLEY WESTMINSTER CANTERBURY			STREET ADDRESS, CITY, STATE, ZIP CODE 300 WESTMINSTER CANTERBURY DR WINCHESTER, VA 22603		
(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 758	<p>Continued From page 51</p> <p>nurses watch the resident carefully to see how the resident is responding. She stated there is no protocol or routine for this kind of monitoring.</p> <p>On 3/22/23 at 4:30 p.m., ASM #1, the administrator, ASM #2, and ASM #3, the chief operating officer, were informed of these concerns.</p> <p>A review of the facility policy, "Restraints, Chemical and Antipsychotropics," revealed, in part: "Specific behaviors, nursing interventions with outcomes, and medication side effects will be monitored each shift and documented on the electronic medical record."</p> <p>No further information was provided prior to exit.</p> <p>(2) "Risperidone (generic for Risperdal) is used to treat the symptoms of schizophrenia (a mental illness that causes disturbed or unusual thinking, loss of interest in life, and strong or inappropriate emotions) in adults and teenagers 13 years of age and older. It is also used to treat episodes of mania (frenzied, abnormally excited, or irritated mood) or mixed episodes (symptoms of mania and depression that happen together) in adults and in teenagers and children 10 years of age and older with bipolar disorder (manic depressive disorder; a disease that causes episodes of depression, episodes of mania, and other abnormal moods). Risperidone is also used to treat behavior problems such as aggression, self-injury, and sudden mood changes in teenagers and children 5 to 16 years of age who have autism (a condition that causes repetitive behavior, difficulty interacting with others, and problems with communication). Risperidone is in a class of medications called atypical</p>	F 758			

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

PRINTED: 04/14/2023
FORM APPROVED
OMB NO. 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 495165	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____		(X3) DATE SURVEY COMPLETED 03/23/2023
NAME OF PROVIDER OR SUPPLIER SHENANDOAH VALLEY WESTMINSTER CANTERBURY			STREET ADDRESS, CITY, STATE, ZIP CODE 300 WESTMINSTER CANTERBURY DR WINCHESTER, VA 22603		
(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 758	<p>Continued From page 52</p> <p>antipsychotics. It works by changing the activity of certain natural substances in the brain." This information is taken from the website https://medlineplus.gov/druginfo/meds/a694015.html.</p> <p>2. For Resident #34 (R34), the facility staff failed to monitor the resident for adverse side effects of Lorazepam (1) and Celexa (2).</p> <p>On the most recent MDS (minimum data set), a quarterly assessment with an ARD (assessment reference date) of 12/10/22, R34 was coded as being moderately impaired for making daily decisions, having scored eight out of 15 on the BIMS (brief interview for mental status). The resident was coded as having received an antianxiety medication and an antidepressant medication on all seven days of the look back period.</p> <p>A review of R34's physician orders revealed the following: "Celexa Tablet 10 MG (milligram) (Citalopram Hydrobromide) Give 1 tablet by mouth in the morning for anxiety." This order was dated 9/2/22.</p> <p>"Lorazepam Oral Tablet 0.5 MG (Lorazepam) Give 1 tablet by mouth before meals for tremors." This order was dated 2/2/23.</p> <p>A review of R34's March 2023 MAR (medication administration record) revealed the Celexa and Lorazepam had been administered as ordered each day.</p> <p>A review of R34's comprehensive care plan</p>	F 758			

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

PRINTED: 04/14/2023
FORM APPROVED
OMB NO. 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 495165	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____		(X3) DATE SURVEY COMPLETED 03/23/2023
NAME OF PROVIDER OR SUPPLIER SHENANDOAH VALLEY WESTMINSTER CANTERBURY			STREET ADDRESS, CITY, STATE, ZIP CODE 300 WESTMINSTER CANTERBURY DR WINCHESTER, VA 22603		
(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 758	<p>Continued From page 53</p> <p>revealed, in part: "Monitor/document/report PRN (as needed) any adverse reactions to ANTI-ANXIETY therapy: Drowsiness, lack of energy, clumsiness, slow reflexes, Slurred speech, confusion and disorientation, depression, dizziness, lightheadedness, impaired thinking and judgment, memory loss, forgetfulness, nausea, stomach upset, blurred or double vision. UNEXPECTED SIDE EFFECTS: Mania, hostility, rage, aggressive or impulsive behavior, hallucinations." This intervention was initiated 9/19/22.</p> <p>On 3/22/23 at 8:12 a.m., ASM (administrative staff member) #2, the director of health services, stated she could not provide evidence that the staff had been monitoring R34 for side effects of the Celexa and Lorazepam. She stated the facility staff wants to make certain the resident is not having any adverse reactions to a medication that would require a change in the dosage or the type of medication. She stated it is the facility's responsibility to monitor consistently for signs and symptoms that a resident is reacting adversely to a medication.</p> <p>On 3/22/23 at 1:13 p.m., RN (registered nurse) #1 was interviewed. She stated when a resident first goes on a psychoactive medication, the nurses watch the resident carefully to see how the resident is responding. She stated there is no protocol or routine for this kind of monitoring.</p> <p>On 3/22/23 at 4:30 p.m., ASM #1, the administrator, ASM #2, and ASM #3, the chief operating officer, were informed of these concerns.</p> <p>No further information was provided prior to exit.</p>	F 758			

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

PRINTED: 04/14/2023
FORM APPROVED
OMB NO. 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 495165	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____		(X3) DATE SURVEY COMPLETED 03/23/2023
NAME OF PROVIDER OR SUPPLIER SHENANDOAH VALLEY WESTMINSTER CANTERBURY			STREET ADDRESS, CITY, STATE, ZIP CODE 300 WESTMINSTER CANTERBURY DR WINCHESTER, VA 22603		
(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 758	Continued From page 54 (1) "Lorazepam (brand name Ativan) is used to relieve anxiety. Lorazepam is in a class of medications called benzodiazepines. It works by slowing activity in the brain to allow for relaxation." This information is taken from the website https://medlineplus.gov/druginfo/meds/a682053.html . (2) "Citalopram is used to treat depression. Citalopram is in a class of antidepressants called selective serotonin reuptake inhibitors (SSRIs). It works by increasing the amount of serotonin, a natural substance in the brain that helps maintain mental balance." This information is taken from the website https://medlineplus.gov/druginfo/meds/a699001.html . 3. For Resident #98 (R98), the facility staff failed to monitor the resident for adverse side effects from the antidepressant medication duloxetine (1). A review of R98's clinical record revealed a physician's order dated 3/15/23 for duloxetine 30 mg (milligrams) in the morning for depression. A review of R98's March 2023 MAR (medication administration record) revealed the resident was administered duloxetine 30 mg every morning from 3/16/23 through 3/20/23. Further review of R98's clinical record failed to reveal the resident was monitored for side effects from duloxetine. On 3/22/23 at 10:53 a.m., an interview was conducted with LPN (licensed practical nurse) #2. LPN #2 stated that when a resident receives an antidepressant medication, nurses should look to	F 758			

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

PRINTED: 04/14/2023
FORM APPROVED
OMB NO. 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 495165	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____		(X3) DATE SURVEY COMPLETED 03/23/2023
NAME OF PROVIDER OR SUPPLIER SHENANDOAH VALLEY WESTMINSTER CANTERBURY			STREET ADDRESS, CITY, STATE, ZIP CODE 300 WESTMINSTER CANTERBURY DR WINCHESTER, VA 22603		
(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 758	<p>Continued From page 55</p> <p>ensure the medication isn't causing any harm or issues.</p> <p>On 3/22/23 at 3:53 p.m., ASM (administrative staff member) #2 (the director of health services) stated she could not provide documentation to evidence the facility staff were monitoring R98 for side effects related to antidepressant use. ASM #2 was made aware of this concern. On 3/22/23 at 5:04 p.m., ASM #1 (the administrator) was made aware of the above concern.</p> <p>Reference: (1) "Duloxetine is used to treat depression in adults. Some side effects can be serious: unusual bruising or bleeding, pain in the upper right part of the stomach, swelling of the abdomen, itching, yellowing of the skin or eyes, dark colored urine, loss of appetite, extreme tiredness or weakness, confusion, unsteady walking that may cause falling, flu-like symptoms, agitation, fever, sweating, confusion, fast or irregular heartbeat, and severe muscle stiffness or twitching, loss of coordination, nausea, vomiting, or diarrhea, seizures, hallucinations (seeing things or hearing voices that do not exist), blisters or peeling skin, rash, hives, difficulty breathing or swallowing, swelling of the face, throat, tongue, lips, eyes, hands, feet, ankles, or lower legs, hoarseness, difficulty urinating..." This information was obtained from the website: https://medlineplus.gov/druginfo/meds/a604030.html</p> <p>4. For Resident #22 (R22), the facility staff failed to monitor the resident for adverse side effects from the medications Seroquel (1) and Cymbalta (2).</p>	F 758			

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

PRINTED: 04/14/2023
FORM APPROVED
OMB NO. 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 495165	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____		(X3) DATE SURVEY COMPLETED 03/23/2023
NAME OF PROVIDER OR SUPPLIER SHENANDOAH VALLEY WESTMINSTER CANTERBURY			STREET ADDRESS, CITY, STATE, ZIP CODE 300 WESTMINSTER CANTERBURY DR WINCHESTER, VA 22603		
(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 758	<p>Continued From page 56</p> <p>The physician orders for R22 documented in part, - "Seroquel Tablet 25 MG (milligram) (Quetiapine Fumarate) Give 0.5 tablet by mouth in the morning for hallucinations. Order Date: 12/19/2022. Start Date: 12/20/2022." - "Seroquel Tablet 25 MG (Quetiapine Fumarate) Give 1 tablet by mouth at bedtime related to Hallucinations, unspecified. Order Date: 11/17/2022. Start Date: 11/17/2022." - "Cymbalta Capsule Delayed Release Particles 30 MG (Duloxetine HCl) Give 1 capsule by mouth in the morning related to Major Depressive Disorder, Recurrent, Unspecified; Anxiety Disorder, Unspecified. Order Date: 12/07/2020. Start Date: 12/08/2020."</p> <p>The eMARs (electronic medication administration records) dated 1/1/2023-1/31/2023, 2/1/2023-2/28/2023 and 3/1/2023-3/31/2023 for R22 documented the resident having received the Seroquel and Cymbalta as ordered daily through 3/22/2023.</p> <p>The comprehensive care plan for R22 documented in part, "[Name of R22] uses antidepressant medication Cymbalta. Resident with dx. (diagnoses) of anxiety and adjustment disorder with depressed mood. Date Initiated: 11/04/2019. Revision on: 02/01/2023." Under "Interventions" it documented in part, "...Monitor/document/report PRN (as needed) adverse reactions to Antidepressant therapy: change in behavior/mood/cognition; hallucinations/delusions; social isolation, suicidal thoughts, withdrawal; decline in ADL (activities of daily living) ability, continence, no voiding; constipation, fecal impaction, diarrhea; gait changes, rigid muscles, balance probs</p>	F 758			

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

PRINTED: 04/14/2023
FORM APPROVED
OMB NO. 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 495165	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____		(X3) DATE SURVEY COMPLETED 03/23/2023
NAME OF PROVIDER OR SUPPLIER SHENANDOAH VALLEY WESTMINSTER CANTERBURY			STREET ADDRESS, CITY, STATE, ZIP CODE 300 WESTMINSTER CANTERBURY DR WINCHESTER, VA 22603		
(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 758	<p>Continued From page 57</p> <p>(problems), movement problems, tremors, muscle cramps, falls; dizziness/vertigo; fatigue, insomnia; appetite loss, wt (weight) loss, n/v (nausea/vomiting), dry mouth, dry eyes. Date Initiated: 11/04/2019..." The care plan also documented, "[Name of R22] uses antipsychotic medication Seroquel r/t hallucinations. Date Initiated: 02/02/2023. Revision on: 02/02/2023." Under "Interventions" it documented in part, "...Monitor/document/report PRN any adverse reactions of Psychotropic medications: unsteady gait, tardive dyskinesia, EPS (shuffling gait, rigid muscles, shaking), frequent falls, refusal to eat, difficulty swallowing, dry mouth, depression, suicidal ideations, social isolation, blurred vision, diarrhea, fatigue, insomnia, loss of appetite, weight loss, muscle cramps nausea, vomiting, behavior symptoms not usual to the person. Date Initiated: 02/02/2023..." The care plan further documented, "I have a mood problem r/t Major Depressive Disorder, Anxiety Disorder and Adjustment Disorder. Date Initiated: 01/19/2023. Revision on: 01/19/2023." Under "Interventions" it documented in part, "Administer medications as ordered. Monitor/document for side effects and effectiveness. Date Initiated: 01/19/2023 Date Initiated: 01/19/2023..."</p> <p>On 3/22/2023 at 10:25 a.m., ASM (administrative staff member) #2, the director of health services stated that they did not have any evidence that the facility staff had been monitoring for side effects for the Seroquel and Cymbalta for R22. ASM #2 stated that monitoring should be done and they now were aware of this and it would be corrected.</p> <p>On 3/22/2023 at 10:56 a.m., an interview was conducted with LPN (licensed practical nurse) #2.</p>	F 758			

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 495165	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____		(X3) DATE SURVEY COMPLETED 03/23/2023
NAME OF PROVIDER OR SUPPLIER SHENANDOAH VALLEY WESTMINSTER CANTERBURY			STREET ADDRESS, CITY, STATE, ZIP CODE 300 WESTMINSTER CANTERBURY DR WINCHESTER, VA 22603		
(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 758	<p>Continued From page 58</p> <p>LPN #2 stated that psychotropic medications should be monitored by staff to ensure residents did not have any side effects from them. LPN #2 stated that they should do this to make sure that the treatment they were providing was not causing any other issues to the resident. LPN #2 stated that they had not had a system in place for monitoring antidepressants, antipsychotics and antianxiety medications.</p> <p>On 3/22/2023 at 2:33 p.m., ASM #1, the administrator, ASM #2, the director of health services, ASM #3, the chief operating officer and LPN #2, the health care unit coordinator were made aware of the above concern.</p> <p>No further information was provided prior to exit.</p> <p>Reference: (1) Seroquel Quetiapine tablets and extended-release (long-acting) tablets are used to treat the symptoms of schizophrenia (a mental illness that causes disturbed or unusual thinking, loss of interest in life, and strong or inappropriate emotions). Quetiapine tablets and extended-release tablets are also used alone or with other medications to treat episodes of mania (frenzied, abnormally excited or irritated mood) or depression in patients with bipolar disorder (manic depressive disorder; a disease that causes episodes of depression, episodes of mania, and other abnormal moods). In addition, quetiapine tablets and extended-release tablets are used with other medications to prevent episodes of mania or depression in patients with bipolar disorder. Quetiapine extended-release tablets are also used along with other medications to treat depression. Quetiapine</p>	F 758			

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

PRINTED: 04/14/2023
FORM APPROVED
OMB NO. 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 495165	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____		(X3) DATE SURVEY COMPLETED 03/23/2023
NAME OF PROVIDER OR SUPPLIER SHENANDOAH VALLEY WESTMINSTER CANTERBURY			STREET ADDRESS, CITY, STATE, ZIP CODE 300 WESTMINSTER CANTERBURY DR WINCHESTER, VA 22603		
(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 758	<p>Continued From page 59</p> <p>tablets may be used as part of a treatment program to treat bipolar disorder and schizophrenia in children and teenagers. Quetiapine is in a class of medications called atypical antipsychotics. It works by changing the activity of certain natural substances in the brain. This information was obtained from the website: https://medlineplus.gov/druginfo/meds/a698019.html</p> <p>(2) Cymbalta Duloxetine is used to treat depression in adults and generalized anxiety disorder (GAD; excessive worry and tension that disrupts daily life and lasts for 6 months or longer) in adults and children 7 years of age and older. Duloxetine is also used to treat pain and tingling caused by diabetic neuropathy (damage to nerves that can develop in people who have diabetes) in adults and fibromyalgia (a long-lasting condition that may cause pain, muscle stiffness and tenderness, tiredness, and difficulty falling asleep or staying asleep) in adults and children 13 years of age and older. It is also used to treat ongoing bone or muscle pain such as lower back pain or osteoarthritis (joint pain or stiffness that may worsen over time) in adults. Duloxetine is in a class of medications called selective serotonin and norepinephrine reuptake inhibitors (SNRIs). It works by increasing the amounts of serotonin and norepinephrine, natural substances in the brain that help maintain mental balance and stop the movement of pain signals in the brain. This information was obtained from the website: https://medlineplus.gov/druginfo/meds/a604030.html</p> <p>5. For Resident #36 (R36), the facility staff failed to evidence the resident was monitored for</p>	F 758			

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 495165	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____		(X3) DATE SURVEY COMPLETED 03/23/2023
NAME OF PROVIDER OR SUPPLIER SHENANDOAH VALLEY WESTMINSTER CANTERBURY			STREET ADDRESS, CITY, STATE, ZIP CODE 300 WESTMINSTER CANTERBURY DR WINCHESTER, VA 22603		
(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 758	<p>Continued From page 60</p> <p>adverse side effects related to prescribed Celexa (1), and failed to conduct a review for a GDR (gradual dose reduction) or document that a GDR was contraindicated.</p> <p>The physician orders for R36 documented in part, - "Celexa 20mg (milligram) 1 tablet by mouth in the morning related to Major Depressive Disorder, recurrent unspecified. Order Date: 8/27/2021."</p> <p>The eMARs (electronic medication administration records) dated 1/1/2023-1/31/2023, 2/1/2023-2/28/2023 and 3/1/2023-3/31/2023 for R36 documented the resident having received the Celexa as ordered daily through 3/22/2023.</p> <p>The comprehensive care plan for R36 documented in part, "[Name of R22] uses antidepressant medication Celexa r/t (related to) Depression. Date Initiated: 02/28/2022. Revision on: 02/28/2022." Under "Interventions" it documented in part, "...Monitor/document/report PRN (as needed) adverse reactions to Antidepressant therapy: change in behavior/mood/cognition; hallucinations/delusions; social isolation, suicidal thoughts, withdrawal; decline in ADL (activities of daily living) ability, continence, no voiding; constipation, fecal impaction, diarrhea; gait changes, rigid muscles, balance probs (problems), movement problems, tremors, muscle cramps, falls; dizziness/vertigo; fatigue, insomnia; appetite loss, wt (weight) loss, n/v (nausea/vomiting), dry mouth, dry eyes. Date Initiated: 2/28/2022..." The care plan further documented, "I have a mood problem r/t Major Depressive Disorder. Date Initiated: 02/10/2023. Revision on: 02/10/2023." Under "Interventions"</p>	F 758			

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

PRINTED: 04/14/2023
FORM APPROVED
OMB NO. 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 495165	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____		(X3) DATE SURVEY COMPLETED 03/23/2023
NAME OF PROVIDER OR SUPPLIER SHENANDOAH VALLEY WESTMINSTER CANTERBURY			STREET ADDRESS, CITY, STATE, ZIP CODE 300 WESTMINSTER CANTERBURY DR WINCHESTER, VA 22603		
(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 758	<p>Continued From page 61</p> <p>it documented in part, "Administer medications as ordered. Monitor/document for side effects and effectiveness. Date Initiated: 02/10/2023..."</p> <p>On 3/22/2023 at 10:25 a.m., ASM (administrative staff member) #2, the director of health services stated that they did not have any evidence that the facility staff had been monitoring for side effects for the Celexa for R36. ASM #2 stated that they did not have evidence of a review for a GDR of the Celexa for R36. ASM #2 stated that monitoring should be done and they now were aware of this and it would be corrected.</p> <p>On 3/22/2023 at 10:56 a.m., an interview was conducted with LPN (licensed practical nurse) #2. LPN #2 stated that psychotropic medications should be monitored by staff to ensure residents did not have any side effects from them. LPN #2 stated that they should do this to make sure that the treatment they were providing was not causing any other issues to the resident. LPN #2 stated that they had not had a system in place for monitoring antidepressants, antipsychotics and antianxiety medications.</p> <p>On 3/22/2023 at 2:33 p.m., ASM #1, the administrator, ASM #2, the director of health services, ASM #3, the chief operating officer and LPN #2, the health care unit coordinator were made aware of the above concern.</p> <p>On 3/22/2023 at approximately 4:15 p.m., ASM #2 stated that they had confirmed with the consultant pharmacist that they did not have evidence of a review for a potential GDR for the Celexa for R36.</p> <p>No further information was provided prior to exit.</p>	F 758			

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

PRINTED: 04/14/2023
FORM APPROVED
OMB NO. 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 495165	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____		(X3) DATE SURVEY COMPLETED 03/23/2023
NAME OF PROVIDER OR SUPPLIER SHENANDOAH VALLEY WESTMINSTER CANTERBURY			STREET ADDRESS, CITY, STATE, ZIP CODE 300 WESTMINSTER CANTERBURY DR WINCHESTER, VA 22603		
(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 758	Continued From page 62 Reference: (1) Celexa Citalopram is used to treat depression. Citalopram is in a class of antidepressants called selective serotonin reuptake inhibitors (SSRIs). It works by increasing the amount of serotonin, a natural substance in the brain that helps maintain mental balance. This information was obtained from the website: https://medlineplus.gov/druginfo/meds/a699001.html	F 758			
F 812 SS=D	Food Procurement,Store/Prepare/Serve-Sanitary CFR(s): 483.60(i)(1)(2) §483.60(i) Food safety requirements. The facility must - §483.60(i)(1) - Procure food from sources approved or considered satisfactory by federal, state or local authorities. (i) This may include food items obtained directly from local producers, subject to applicable State and local laws or regulations. (ii) This provision does not prohibit or prevent facilities from using produce grown in facility gardens, subject to compliance with applicable safe growing and food-handling practices. (iii) This provision does not preclude residents from consuming foods not procured by the facility. §483.60(i)(2) - Store, prepare, distribute and serve food in accordance with professional standards for food service safety. This REQUIREMENT is not met as evidenced by: Based on observation, staff interview and facility document review, the facility staff failed to store	F 812	1) Corrective action: Food safety policy updated and reviewed by Dining	5/5/23	

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 495165	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____		(X3) DATE SURVEY COMPLETED 03/23/2023
NAME OF PROVIDER OR SUPPLIER SHENANDOAH VALLEY WESTMINSTER CANTERBURY			STREET ADDRESS, CITY, STATE, ZIP CODE 300 WESTMINSTER CANTERBURY DR WINCHESTER, VA 22603		
(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 812	<p>Continued From page 63</p> <p>food in a sanitary manner in one of four kitchens, the Wisteria kitchen.</p> <p>The findings include:</p> <p>The facility staff failed to label and date a container of prepared tuna salad observed in the Wisteria kitchen.</p> <p>On 3/20/23 at 6:43 p.m., observation of the Wisteria kitchen was conducted with OSM (other staff member) #1 (the dining services manager). A metal container of prepared tuna salad was observed in the refrigerator. The container did not contain a label documenting the contents or the date. OSM #1 identified the contents as tuna salad and discarded it.</p> <p>On 3/21/23 at 4:25 p.m., an interview was conducted with OSM #1. OSM #1 stated the name of food products should be labeled on the containers. OSM #1 stated this should be done in case there is a need to trace back to the product.</p> <p>On 3/21/23 at 4:52 p.m., ASM (administrative staff member) #1 (the administrator) and ASM #2 (the director of health services) were made aware of the above concern.</p> <p>The facility policy titled, "Food Safety" documented, "10. All foods prepared in operation must be covered and labeled as to the contents and date of preparation prior to storage in refrigerators and freezers. Labels for potentially hazardous foods also must include time of storage."</p>	F 812	<p>management and Dining Service Staff. Staff education to stress the importance of always labeling food with product name, date and time.</p> <p>2) Potential for all residents to be affected: Signs will be posted on all Refrigerators and freezers in every healthcare kitchen as visual reminders to staff of current food safety policy for changes regarding label and dating</p> <p>3) Systems change and increased oversight of deficiency: Outside independent contractors will inspect for food safety compliance as scheduled and report findings to Food Service management of SVWC. Compliance will be monitored by food service management daily at the conclusion of the shift.</p> <p>4) Monitoring: When staff stores contents in refrigerators they will be covered with the name of product, date, and time of storage as well as the expiration date. Staff have been educated on this, signs have been posted on all refrigerators and freezers. This action will take place immediately and be part of all onboarding as well as part of their yearly review. Outside independent contractors will continue to inspect. Surprise daily/weekly inspections will take place in house at random times by the dining services team to ensure continued compliance, and food items out of compliance will be discarded and staff education will be updated accordingly.</p> <p>5: Date of completion: This will be ongoing but all systems and interventions will be fully in place by 5/05/2023.</p>		

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

PRINTED: 04/14/2023
FORM APPROVED
OMB NO. 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 495165	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____		(X3) DATE SURVEY COMPLETED 03/23/2023
NAME OF PROVIDER OR SUPPLIER SHENANDOAH VALLEY WESTMINSTER CANTERBURY			STREET ADDRESS, CITY, STATE, ZIP CODE 300 WESTMINSTER CANTERBURY DR WINCHESTER, VA 22603		
(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 SS=D	<p>Resident Records - Identifiable Information CFR(s): 483.20(f)(5), 483.70(i)(1)-(5)</p> <p>§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.</p> <p>§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</p> <p>§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, 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</p>	F 842		5/5/23	

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 495165	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____		(X3) DATE SURVEY COMPLETED 03/23/2023
NAME OF PROVIDER OR SUPPLIER SHENANDOAH VALLEY WESTMINSTER CANTERBURY			STREET ADDRESS, CITY, STATE, ZIP CODE 300 WESTMINSTER CANTERBURY DR WINCHESTER, VA 22603		
(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	<p>Continued From page 65 by and in compliance with 45 CFR 164.512.</p> <p>§483.70(i)(3) The facility must safeguard medical record information against loss, destruction, or unauthorized use.</p> <p>§483.70(i)(4) Medical records must be retained for-</p> <ul style="list-style-type: none"> (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. <p>§483.70(i)(5) The medical record must contain-</p> <ul style="list-style-type: none"> (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. <p>This REQUIREMENT is not met as evidenced by:</p> <p>Based on staff interview, facility document review and clinical record review, the facility staff failed to maintain a complete and accurate clinical record for one of 17 residents in the survey sample, Resident #14.</p> <p>The findings include:</p> <p>For Resident #14 (R14), the facility staff failed to document the resident's refusal of a pressure injury assessment on 3/7/23.</p>	F 842	<p>1. Corrective Action Nurse entered a late entry progress note of the reason for the refusal of pressure injury from 3/7/23. Resident #14 has had weekly pressure injury assessments and documentation as evident by EMR.</p> <p>2. Other Potential Residents All residents who have pressure injuries are potentially affected. An audit was conducted on the one resident with a</p>		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 495165	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____		(X3) DATE SURVEY COMPLETED 03/23/2023
NAME OF PROVIDER OR SUPPLIER SHENANDOAH VALLEY WESTMINSTER CANTERBURY			STREET ADDRESS, CITY, STATE, ZIP CODE 300 WESTMINSTER CANTERBURY DR WINCHESTER, VA 22603		
(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	<p>Continued From page 66</p> <p>A review of R14's clinical record revealed an assessment of R14's coccyx pressure injury on 2/28/23. Further review of R14's clinical record failed to reveal another assessment of the resident's coccyx pressure injury until 3/17/23.</p> <p>On 3/22/23 at 10:50 a.m., an interview was conducted with LPN (licensed practical nurse) #2, who was the nurse who typically documented pressure injury assessments. LPN #2 stated she was off on 3/7/23 but her understanding was that the physician and another nurse attempted to assess R14's pressure injury on that date and the resident refused because visitors were present. LPN #2 stated there was no note to evidence this, but the nurse was going to document a late entry.</p> <p>A nurse's note created on 3/21/23, and effective for 3/7/23 documented a late entry that R14 preferred to not have the pressure injury assessed during wound rounds on that date because the resident had visitors.</p> <p>On 3/22/23 at 1:11 p.m., an interview was conducted with RN (registered nurse) #1. RN #1 stated a resident's refusal of a pressure injury assessment because, "It's something that was wanted to be done and they are refusing for us to do what was needed."</p> <p>On 3/22/23 at 2:34 p.m., ASM (administrative staff member) #1 (the administrator) and ASM #2 (the director of health services) were made aware of the above concern.</p> <p>The facility policy titled, "Documentation of the clinical record" documented, "The nurse's notes are the responsibility of the licensed nursing staff.</p>	F 842	<p>pressure injury to ensure all weekly pressure injury assessments are completed.</p> <p>3. Systems Change A) All active licensed nurses will be re-educated on the pressure injury policy which will include the weekly pressure injury assessments, documentation. If the assessment was not completed, ensure a progress note under the skin/wound type of reason for the refusal or omission of the assessment. B) The licensed nurse will check nightly the documentation for weekly assessment is completed. If not, notification to the Unit Coordinator will be done.</p> <p>4. Monitoring The Unit Coordinator will conduct weekly audits during assessment rounds to ensure all documentation for all pressure injuries. Report any findings to the QAPI committee bi-monthly.</p> <p>5. Date The corrective action will be completed by 5/05/23.</p>		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 495165	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____		(X3) DATE SURVEY COMPLETED 03/23/2023
NAME OF PROVIDER OR SUPPLIER SHENANDOAH VALLEY WESTMINSTER CANTERBURY			STREET ADDRESS, CITY, STATE, ZIP CODE 300 WESTMINSTER CANTERBURY DR WINCHESTER, VA 22603		
(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 67 They must show the progress the resident is making following orders written by the physician. It provides a permanent legal record of the nursing care, treatments, and medications administered."	F 842			
F 882 SS=F	<p>Infection Preventionist Qualifications/Role CFR(s): 483.80(b)(1)-(4)</p> <p>§483.80(b) Infection preventionist The facility must designate one or more individual(s) as the infection preventionist(s) (IP) (s) who are responsible for the facility's IPCP. The IP must:</p> <p>§483.80(b)(1) Have primary professional training in nursing, medical technology, microbiology, epidemiology, or other related field;</p> <p>§483.80(b)(2) Be qualified by education, training, experience or certification;</p> <p>§483.80(b)(3) Work at least part-time at the facility; and</p> <p>§483.80(b)(4) Have completed specialized training in infection prevention and control. This REQUIREMENT is not met as evidenced by: Based on staff interview and facility document review, it was determined that the failed to designate a qualified individual(s) onsite, who was responsible for implementing programs and activities to prevent and control infections.</p> <p>The findings include:</p> <p>The facility staff failed to ensure the acting infection preventionist had completed specialized</p>	F 882	<p>1. Corrective Action The facility has designated two active Licensed nurses who meet the regulatory requirements of the infection preventionist. They are actively completing the required training for long term care infection control/prevention.</p> <p>2. Other Potential Residents All active residents and staff who reside or work in the facility have the potential to</p>	5/5/23	

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

PRINTED: 04/14/2023
FORM APPROVED
OMB NO. 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 495165	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____		(X3) DATE SURVEY COMPLETED 03/23/2023
NAME OF PROVIDER OR SUPPLIER SHENANDOAH VALLEY WESTMINSTER CANTERBURY			STREET ADDRESS, CITY, STATE, ZIP CODE 300 WESTMINSTER CANTERBURY DR WINCHESTER, VA 22603		
(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 882	<p>Continued From page 68</p> <p>training in infection prevention and control.</p> <p>On 3/20/23 during the entrance conference, ASM (administrative staff member) #1, the administrator, was asked to provide evidence of the infection preventionist's credentials. ASM #1 stated the facility did not currently employ an infection preventionist and stated the former infection preventionist recently left the position without working out a full notice, and the facility had not yet employed a new person to fill the role. She stated no other staff members had credentials that meet the regulatory requirements of an infection preventionist. She stated she and ASM #2, the director of health services, were currently filling the role.</p> <p>On 3/22/23 at 4:30 p.m., ASM #1, ASM #2, and ASM #3, the chief operating officer, were informed of these concerns.</p> <p>A review of the job description for Infection Preventionist Educator revealed, in part: "The infection control preventionist (IP) is responsible for identifying, investigating, monitoring, and reporting healthcare associated infections to various committees. The IP collaborates interdepartmentally to create infection prevention strategies, feedback, and sustain infection prevention strategies...Certification in infection control preferred...Knowledge of infection control practices in the healthcare setting preferred."</p> <p>No further information was provided prior to exit.</p>	F 882	<p>be affected.</p> <p>3.Systems Change The facility will ensure there are two licensed nurses who meet the regulatory requirements for a Infection Preventionist on staff at all times.</p> <p>4. Monitoring The administrator will audit quarterly an Infection Preventionist on staff, meeting the regulatory requirements. The status will be reported to QAPI bi-monthly.</p> <p>5.Date This correction action will be completed by 5/05/23.</p>		