		ID HUMAN SERVICES MEDICAID SERVICES				RM APPROVED NO. 0938-0391
STATEMENT (	DF DEFICIENCIES CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	` '	PLE CONSTRUCTION	(X3) DA	ATE SURVEY MPLETED
		495165	B. WING _			03/23/2023
	ROVIDER OR SUPPLIER	ISTER CANTERBURY		STREET ADDRESS, CITY, STATE, ZIP 300 WESTMINSTER CANTERBURY WINCHESTER, VA 22603		
(X4) ID PREFIX TAG	(EACH DEFICIENC	ATEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN C (EACH CORRECTIVE AC CROSS-REFERENCED TO DEFICIE	CTION SHOULD BE D THE APPROPRIATE	(X5) COMPLETION DATE
E 000	Initial Comments		EO	00		
E 007 SS=F	survey was conducte Corrections are requi CFR Part 483.73, Re Care Facilities. No en complaints were inve EP Program Patient F CFR(s): 483.73(a)(3) §403.748(a)(3), §416 §441.184(a)(3), §46 §483.73(a)(3), §483.4 §485.68(a)(3), §485.5	ergency Preparedness d 3/20/23 through 3/23/23. red for compliance with 42 quirement for Long-Term nergency preparedness stigated during the survey. Population .54(a)(3), §418.113(a)(3), 0.84(a)(3), §482.15(a)(3), 0.84(a)(3), §482.15(a)(3), 0.84(a)(3), §484.102(a)(3), 0.42(a)(3), §485.625(a)(3), 0.920(a)(3), §491.12(a)(3),	E 0	07		5/5/23
	and maintain an eme that must be reviewed 2 years. The plan mu					
	but not limited to, per services the [facility] I an emergency; and c	lient] population, including, sons at-risk; the type of nas the ability to provide in ontinuity of operations, of authority and succession				
	Plan. The LTC facility an emergency prepar reviewed, and update plan must do all of the (3) Address resident	population, including, but not risk; the type of services the pility to provide in an				
LABORATORY	L DIRECTOR'S OR PROVIDER/S	SUPPLIER REPRESENTATIVE'S SIGNATUR	E	TITLE		(X6) DATE
Electroni	cally 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.

DEPARTMENT OF HEALTH AND HUMAN SERVICES.

PRINTED: 04/14/2023

	DF DEFICIENCIES CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	. ,	PLE CONSTRUCTION G	· · · ·	E SURVEY PLETED
		495165	B. WING		03	/23/2023
NAME OF P	ROVIDER OR SUPPLIER			STREET ADDRESS, CITY, STATE, ZIF	CODE	
SHENANDOAH VALLEY WESTMINSTER CANTERBURY				300 WESTMINSTER CANTERBUR WINCHESTER, VA 22603	Y DR	
(X4) ID PREFIX TAG	(EACH DEFICIENCY MUST BE PRECEDED BY FULL		ID PREFIX TAG	PROVIDER'S PLAN C (EACH CORRECTIVE A CROSS-REFERENCED TO DEFICIE	CTION SHOULD BE D THE APPROPRIATE	(X5) COMPLETIC DATE
E 007	Continued From page	e 1	E 00	07		
		of authority and succession				
	hospice, PACE, HHA RHC/FQHC, or ESRI This REQUIREMENT					
	review, the facility sta	-		1) Corrective Action: Th included specific instructi	ons for at-risk	
	complete emergency address the at-risk re	preparedness plan to sident population.		and receive all care need emergency. This information	ed during an	
	The findings include:			Emergency plan as well a policy detailing our at-risk	as a specific	
	preparedness plan to	d to develop an emergency address all of the facility's		population. 2) Potential to affect all		
		at would be at risk, and address the needs of at-risk ts.		at-risk residents (includin dialysis) now have been i have specific evacuation	dentified and	
		y emergency preparedness entation that residents		care needs identified. Evacuation of At-Risk res Horizontal evacuation sho		
	receiving oxygen and were identified as bei	l non-ambulatory residents ing at-risk during an		when possible. Refer to f potential routes of escape	loor plans for e. If horizontal	
	reveal identification o	review of the plan failed to f a current resident receiving being at risk, and failed to		evacuation is not possible at-risk resident(s)( includi residents who are on dial	ing those	
		ded to address any of the		from smoke. Movement of down stairways should be	y that is free of these residents	
				using Stryker chairs and designed for the purpose individuals down the stair exit the building.	other equipment of assisting	
		at-risk during an emergency, ifically documented in the ness plan.		Consider that merely eva from the building(s) in an not be sufficient to provid safety or provide necessa	emergency may e for persons □	

Facility ID: VA0224

If continuation sheet Page 2 of 69

	OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	. ,	LE CONSTRUCTION	OMB NO. 0938-039 (X3) DATE SURVEY COMPLETED	
		495165	B. WING		03/23/2023	
NAME OF P	ROVIDER OR SUPPLIER			STREET ADDRESS, CITY, STATE, ZIP CODE		
SHENANDOAH VALLEY WESTMINSTER CANTERBURY				300 WESTMINSTER CANTERBURY DR WINCHESTER, VA 22603		
PREFIX (EACH DEFICIENCY MUST BE PRE		TATEMENT OF DEFICIENCIES CY MUST BE PRECEDED BY FULL R LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTI (EACH CORRECTIVE ACTION SHOUL CROSS-REFERENCED TO THE APPRO DEFICIENCY)	D BE COMPLETIO	
E 007	On 3/22/23 at 4:42 p conducted with ASM officer). ASM #3 sta preparedness plan of receiving peritoneal the emergency plan needed to address t	o.m., an interview was 1 #3 (the chief operating	E 00	7 medical care for those requiring it. In those instances, relocation may be preferred option for residents who a RISK. And Relocation of AT RISK Residents i. Non ambulatory (and/or thos are receiving dialysis) residents requirelocated via ambulance to Valley M Center in Winchester, Virginia to me need for continuous medical care. ii. In the event Valley Medical Cer was unable to receive residents required to receive residents requires and Status System (VHASS identify resources available to SVW residents requiring continuous medical care, SVWC work directly with the Virginia Health Alerting and Status System (VHASS identify resources available to SVW 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 continued with little interruption whil resident(s) remain on SVWC ground iv. Ambulatory residents deemed A RISK will be relocated to geographic areas safely removed from the eme scene via SVWC transportation or creasonable means and that provide	the re AT e who uiring l be ledical bet the det the det the det the be cal be e the ds. AT - c rgency ther	

Event ID: MDHI11

Facility ID: VA0224

If continuation sheet Page 3 of 69

TATEMENT	OF DEFICIENCIES	KEDICAID SERVICES     (X1) PROVIDER/SUPPLIER/CLIA     IDENTIFICATION NUMBER:	(X2) MULTIPLE		OMB NO. 0938-039 (X3) DATE SURVEY			
ND PLAN OF	CORRECTION	IDENTIFICATION NUMBER:	A. BUILDING		COMPLETED			
		495165	B. WING		03/23/2023			
NAME OF P	ROVIDER OR SUPPLIER			STREET ADDRESS, CITY, STATE, ZIP CODE				
SHENANDOAH VALLEY WESTMINSTER CANTERBURY				300 WESTMINSTER CANTERBURY DR WINCHESTER, VA 22603				
(X4) ID PREFIX TAG	FIX (EACH DEFICIENCY MUST BE PRECEDED BY FULL		ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIA DEFICIENCY)	DATE			
E 007 E 035 SS=C	CFR(s): 483.73(c)( §483.73(c)(8); §483 *[For LTC Facilities [(c) The LTC facility an emergency prep that complies with I and must be review annually. The com all of the following:] *[For ICF/IIDs at §4 [(c) The ICF/IID mu emergency prepare that complies with I and must be review	haring Plan with Patients 8) 3.475(c)(8) at §483.73(c):] / must develop and maintain baredness communication plan Federal, State and local laws ved and updated at least imunication plan must include	E 007	<ol> <li>Systems Change:</li> <li>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</li> <li>Monitoring: The information gather during the emergency evacuation drill a 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 prote our residents from harm.</li> <li>Date of completion: The Emergence plan with all requirements needed to be compliance with E-007 will be complete 5/05/2023.</li> </ol>	ed nd y ct y in			

If continuation sheet Page 4 of 69

CENTER	S FOR MEDICARE &	MEDICAID SERVICES					IO. 0938-039
	OF DEFICIENCIES CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	. ,			· · ·	TE SURVEY MPLETED
		495165	B. WING			03/23/2023	
NAME OF P	ROVIDER OR SUPPLIER			S	TREET ADDRESS, CITY, STATE, ZIP CODE		
SHENANDOAH VALLEY WESTMINSTER CANTERBURY					00 WESTMINSTER CANTERBURY DR VINCHESTER, VA 22603		
(X4) ID PREFIX TAG	(EACH DEFICIENCY MUST BE PRECEDED BY FULL PREFIX (EAC		PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD I CROSS-REFERENCED TO THE APPROPR DEFICIENCY)	ЗE	(X5) COMPLETIO DATE		
E 035	Continued From page	e 4	É E	035			
	emergency plan, that is appropriate, with re- families or representa This REQUIREMENT by: Based on staff interv- review, the facility sta complete emergency include communication and/or their families. The findings include: The facility staff failed documentation that the communication plan sharing information a and their families. A review of the facility plan failed to reveal of a method for commu- plan with residents and On 3/22/23 at 4:42 p. staff member) #3 (the interviewed, made av- stated the emergency contain specific docu	<ul> <li>Γ is not met as evidenced</li> <li>view and facility document aff failed to develop a preparedness plan to on of the plan with residents</li> <li>d to provide evidence of he emergency preparedness included a method for about the plan with residents</li> <li>y emergency preparedness documentation that included nicating information from the</li> </ul>			<ol> <li>Corrective Action: a policy has be approved to address the requirement E-035 to provide for the communication SVWC s emergency plan to residents and families.</li> <li>Potential to affect our entire resid population and their families: Written communication on SVWC s emerger plan will be provided upon admission the facility and at a minimum on an ar- basis thereafter for all residents and th families.</li> <li>System changes: Social services now provide written communication to each resident and family upon admiss and annually thereafter. Education wil provided during resident meetings and family council meetings as updates/changes are made and at the request of the resident and/or family member.</li> <li>Monitoring: Social services will perform an audit annually to ensure compliance with E-035. The facility wi have residents initial they have receiv, our emergency plan on an admissions checklist and then the residents will si they have reviewed the emergency pla- annually.</li> <li>Date of Completion: The facility wi have all procedures and policies in pla- to be in compliance with E-035 by 5/05/2023.</li> </ol>	of on of s ent cy to nual neir will ion l be d s gn an vill	

Facility ID: VA0224

				(X3) DATE SURVEY	
	IDENTIFICATION NUMBER:	· · ·		COMPLETED	
	495165	B. WING		03/23/2023	
ROVIDER OR SUPPLIER		STF	REET ADDRESS, CITY, STATE, ZIP CODE		
SHENANDOAH VALLEY WESTMINSTER CANTERBURY					
(EACH DEFICIENC	Y MUST BE PRECEDED BY FULL	ID PREFIX TAG	(EACH CORRECTIVE ACTION SH	OULD BE COMPLÉTIO	
INITIAL COMMENTS	3	F 000			
survey was conducte 3/23/2023. Correctio compliance with 42 C Term Care requireme survey/report will follo investigated during th	d 3/20/2023 through ns are required for FR Part 483 Federal Long ents. The Life Safety Code ow. No complaints were ne survey.				
at the time of the sum consisted of 14 curre three closed record re Notice of Bed Hold P	vey. The survey sample nt resident reviews and eviews. olicy Before/Upon Trnsfr	F 625		5/5/23	
§483.15(d) Notice of	bed-hold policy and return-				
nursing facility transfe the resident goes on nursing facility must p the resident or reside specifies-	ers a resident to a hospital or therapeutic leave, the provide written information to int representative that				
any, during which the return and resume re facility; (ii) The reserve bed p	e resident is permitted to sidence in the nursing payment policy in the state				
(iii) The nursing facilit bed-hold periods, wh paragraph (e)(1) of th resident to return; an	ty's policies regarding ich must be consistent with nis section, permitting a d				
	SUMMARY ST (EACH DEFICIENC REGULATORY OR I INITIAL COMMENTS An unannounced Me survey was conducte 3/23/2023. Correctio compliance with 42 C Term Care requireme survey/report will folk investigated during th The census in this 51 at the time of the sur- consisted of 14 curre three closed record re Notice of Bed Hold P CFR(s): 483.15(d)(1) §483.15(d) Notice of §483.15(d)(1) Notice nursing facility transfe the resident goes on nursing facility must p the resident or reside specifies- (i) The duration of the any, during which the return and resume re facility; (ii) The reserve bed p plan, under § 447.40 (iii) The nursing facilit bed-hold periods, wh paragraph (e)(1) of th resident to return; an- (iv) The information s	IDENTIFICATION NUMBER:         495165         ROVIDER OR SUPPLIER         DOAH VALLEY WESTMINSTER CANTERBURY         SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)         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. 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 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 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)	IDENTIFICATION NUMBER:       A. BUILDING         495165       B. WING         ROVIDER OR SUPPLIER       STF         DOAH VALLEY WESTMINSTER CANTERBURY       ID         SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)       PREFIX TAG         INITIAL COMMENTS       F 000         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.       F 625         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 625         Notice of Bed Hold Policy Before/Upon Trnsfr CFR(s): 483.15(d) (1)(2)       F 625         §483.15(d) Notice of bed-hold policy and return- §483.15(d) Notice of bed-hold policy and return- §483.15(d)(1) Notice before transfer. Before a nursing facility mast 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 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)	CORRECTION       DENTFICATION NUMBER:       A BUILDING         495165       B. WING         ROWDER OR SUPPLIER       STREET ADDRESS, CITY, STATE, ZIP CODE         SOMMARY STATEMENT OF DEFICIENCIES       STREET ADDRESS, CITY, STATE, ZIP CODE         (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)       D         INITIAL COMMENTS       F 000         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 foliow. No complaints were investigated during the survey.       F 000         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 625         S483.15(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 transfers a resident to a hospital or the resident goes on therapeutic leave, the nursing facility unay provide written information to the 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.       F 625         (iii) The nursing facility policies regarding bed-hold periods, which must be consistent with paragraph (e)(1) of this scelore, permitting a resident to return; and       F	

Facility ID: VA0224

If continuation sheet Page 6 of 69

TATEMENT	OF DEFICIENCIES	MEDICAID SERVICES (X1) PROVIDER/SUPPLIER/CLIA	(X2) MUI	TIPLE	E CONSTRUCTION	OMB N	E SURVEY
	CORRECTION	IDENTIFICATION NUMBER:	· /				IPLETED
		495165	B. WING			03/23/2023	
NAME OF PI	ROVIDER OR SUPPLIER			5	STREET ADDRESS, CITY, STATE, ZIP CODE	1 00	
SHENANDOAH VALLEY WESTMINSTER CANTERBURY					300 WESTMINSTER CANTERBURY DR WINCHESTER, VA 22603		
(X4) ID PREFIX TAG	(EACH DEFICIENC	TATEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL LSC IDENTIFYING INFORMATION)	ID PREFI TAG		PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD CROSS-REFERENCED TO THE APPROPR DEFICIENCY)	ЗE	(X5) COMPLETIO DATE
F 625	Continued From pag	e 6	E E	625			
	the time of transfer o			020			
		rapeutic leave, a nursing					
		to the resident and the					
		ve written notice which					
		n of the bed-hold policy					
		ph (d)(1) of this section.					
	This REQUIREMEN	Γ is not met as evidenced					
	by:						
		view, facility document			1. Corrective Action		
	review, and clinical re				Resident #34 has a Life Care Contrac		
		acility staff failed to issue a			and pays a monthly fee and is therefo	re	
		e of 17 residents in the			not subject to holding a bed when		
	survey sample, Resid	dent #34.			discharged to the hospital. Her bed is		
	The findings include:			automatically held by the facility as pa her monthly fee. We have gone back issued a bed hold notive forResident			
	For Resident #34 (R	34), the facility failed to issue			retroactive to December and gooing		
	a bed hold notice wh	,. ·			forwrad that notice is in her chart. No		
	transferred to the hos			Resident#34 has not discharged from facity for any reason since 12/13/2022			
	A review of R34's clir	nical record revealed the					
		red and admitted to the			2 .Other Potential Residents		
	hospital on 12/13/22.				All current residents will receive a cop	y of	
	readmitted to the fac	ility on 12/16/22.			the bed hold policy form and it will be		
		<b>A</b> 1 <b>1 1 1 1 1 1 1 1</b>			identified on a bed hold form if they ar		
	-	4's clinical record failed to			responsible to hold the bed in the eve		
		d hold notice was issued to			discharge, or if the bed hold is waived	as	
	ine resident of to the	RP (responsible party).			part of their life care contract. 3. Systems Change		
	0n 3/22/23 at 8·12 a	.m., ASM (administrative			<ul><li>3. Systems Change</li><li>a) All new admissions will sign a been supported as a second secon</li></ul>	4	
		e director of health services,			hold form upon admissions will sign a be		
		e stated a bed hold notice			a copy of this policy if the resident is		
		to R34 on 12/13/22. She			discharged to another facility. The be	d	
	stated the resident is				hold policy form will be part of the		
		resident's (significant other)			admission packet to the facility and		
		a timely manner. She stated			reviewed with the Resident/Resident		
	the facility has contra	acts with its residents, and			Representative, signed, and made pa	rt of	
		tion if the resident will be			the residents medical record.		
	able to return to the f	acility					

Facility ID: VA0224

If continuation sheet Page 7 of 69

		MEDICAID SERVICES					
	OF DEFICIENCIES CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	. ,	E CONSTRUCTION	(X3) DATE SURVEY COMPLETED		
		495165	B. WING		03/23/2023		
NAME OF P	ROVIDER OR SUPPLIER			STREET ADDRESS, CITY, STATE, ZIP CODE			
SHENANDOAH VALLEY WESTMINSTER CANTERBURY				300 WESTMINSTER CANTERBURY DR WINCHESTER, VA 22603			
(X4) ID PREFIX TAG			(EACH DEFICIENCY MUST BE PRECEDED BY FULL		(EACH DEFICIENCY MUST BE PRECEDED BY FULL PREFIX (EACH CORRECTIVE ACTION S		IOULD BE COMPLÉTION
F 625	On 3/22/23 at 4:30 p staff member) #1, the ASM #3, the chief op informed of these con A review of the facilit revealed, in part: "A contractstipulates t Center be available f resident if and when do not have a life car contractare conside guaranteed a bed un daily charges or a Be of facility] cannot gua bed at the time the re return unless there is Agreement."	.m., ASM (administrative e administrator, ASM #2, and erating officer, were ncerns. y policy, "Bed Hold Policy," continuing care hat a bed in the Health Care or a LCC (life care contract) it is neededResidents who re/continuing care ered per diem and are not less it is paid for through ed Hold Agreement[name arantee the availability of a esident needs or desires to	F 62		atives and to the to to the to s a does not back, will yed with d signed er witness, I record. ducate ed hold py of the resident discharge gned form party. whit an ents/ seen policy and ations to regularly lit all new ed hold by the ye weekly ek x 4		

Facility ID: VA0224

If continuation sheet Page 8 of 69

	-	ID HUMAN SERVICES MEDICAID SERVICES				FORM	D: 04/14/2023 MAPPROVEI D. 0938-039
	DF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	· /		CONSTRUCTION	(X3) DATE SUR COMPLETI	
		495165	B. WING			03/23/2023	
	ROVIDER OR SUPPLIER	ISTER CANTERBURY	STREET ADDRESS, CITY, STATE, ZIP CODE 300 WESTMINSTER CANTERBURY DR WINCHESTER, VA 22603				
(X4) ID PREFIX TAG	PREFIX (EACH DEFICIENCY MUST BE PRECEDED BY FULL		ID PREFI TAG	x	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD B CROSS-REFERENCED TO THE APPROPRIA DEFICIENCY)		(X5) COMPLETION DATE
F 655			F 625 b.) The DON/ Designee wi education provided to Licen staff on the new bed hold por required charting to show a given to and sent with the resident/resident representa DON/Designee will report at recommendations to the QA for further recommendations c.) The Unit Coordinator/ I monitor that the bed hold int given to resident/resident re upon facility-initiated transfer 4. Date		<ul> <li>resident/resident representative. The DON/Designee will report any feedback recommendations to the QAPI committed for further recommendations as needed</li> <li>c.) The Unit Coordinator/ Designee we monitor that the bed hold information is given to resident/resident representative upon facility-initiated transfer</li> <li>4. Date Corrective action will be completed by</li> </ul>	rill report on the nsed Nursing policy form and a copy was ative. The any feedback or API committee ns as needed. Designee will nformation is epresentative er	
SS=D	§483.21 Comprehens Planning §483.21(a) Baseline §483.21(a)(1) The fac implement a baseline that includes the instr effective and person- that meet professiona The baseline care pla (i) Be developed with admission. (ii) Include the minim necessary to properly including, but not limi	sive Person-Centered Care Care Plans cility must develop and care plan for each resident ructions needed to provide centered care of the resident al standards of quality care. an must- in 48 hours of a resident's um healthcare information y care for a resident					

Facility ID: VA0224

If continuation sheet Page 9 of 69

	-	ID HUMAN SERVICES MEDICAID SERVICES				FORM	MAPPROVED 0. 0938-0391
STATEMENT (	DF DEFICIENCIES CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	, í		STRUCTION	(X3) DATE	
		495165	B. WING _			03/	23/2023
NAME OF P	ROVIDER OR SUPPLIER			STREE	T ADDRESS, CITY, STATE, ZIP CODE		
SHENAND	OOAH VALLEY WESTMIN	STER CANTERBURY			ESTMINSTER CANTERBURY DR HESTER, VA 22603		
(X4) ID PREFIX TAG	(EACH DEFICIENC	ATEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREFI) TAG	<	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BI CROSS-REFERENCED TO THE APPROPRIA DEFICIENCY)		(X5) COMPLETION DATE
F 655	§483.21(a)(2) The fac comprehensive care p care plan if the compo- (i) Is developed withi admission. (ii) Meets the requirer (b) of this section (exi- this section). §483.21(a)(3) The fa- resident and their rep of the baseline care p limited to: (i) The initial goals of (ii) A summary of the dietary instructions. (iii) Any services and administered by the fa- on behalf of the facilit (iv) Any updated infor of the comprehensive This REQUIREMENT by: Based on staff interv review, the facility sta (or their representativ baseline care plan for survey sample, Resid The findings include: 1. For Resident #97 (	endation, if applicable. cility may develop a blan in place of the baseline rehensive care plan- in 48 hours of the resident's ments set forth in paragraph cepting paragraph (b)(2)(i) of cility must provide the resentative with a summary lan that includes but is not if the resident. resident's medications and treatments to be acility and personnel acting y. mation based on the details is care plan, as necessary. is not met as evidenced iew and clinical record ff failed to provide residents es) with a summary of the two of 17 residents in the	F	Re giv ba 2. All Ca 3. All	Corrective Action esident #97 and Resident #98 were ven a copy of the summary of the aseline care plan on 3/21/23. Other Potential Residents I residents who are admitted to Healt are are potentially affected.	e	

Facility ID: VA0224

If continuation sheet Page 10 of 69

PRINTED: 04/14/2023

OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA	(X2) MULTIF	LE CONSTRUCTION		(X3) DATE SU	IRVEY
CORRECTION	IDENTIFICATION NUMBER:	A. BUILDING	<u> </u>		COMPLETED	
	495165	B. WING			03/23/2023	
ROVIDER OR SUPPLIER		STREET ADDRESS, CITY, STATE, ZIP CODE				
OOAH VALLEY WESTMIN	STER CANTERBURY					
(EACH DEFICIENC)	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)		(EACH C	ORRECTIVE ACTION SHOULD E	3E (	(X5) COMPLETIO DATE
		F 65		ator will ensure all		
R97 was admitted to review of R97's clinical baseline care plan eff progress notes for Ma the facility staff provide representative a summi- plan. On 3/21/23 at 4:54 p.1 conducted with ASM member) #2, (the direct ASM #2 stated that up baseline care plan, th coordinator is suppos care plan and provide and/or family. ASM # evidence this was dor ASM #1 (the administ made aware of the ab 7:15 a.m., per ASM # policy regarding base 2. For Resident #98 (to provide the resident summary of the basel R98 was admitted to review of R98's clinical baseline care plan eff progress notes for Ma the facility staff provid representative a summi- plan. On 3/21/23 at 4:54 p.1	the facility on 3/14/23. A al record (including the ective 3/14/23, and arch 2023) failed to reveal led R97 or the resident's mary of the baseline care m., an interview was (administrative staff ector of health services). pon completion of the e minimum data set ed to finalize the baseline a copy to the resident 2 stated there was no he for (R97). At this time, trator) and ASM #2 were ove concern. On 3/23/23 at 2, the facility did not have a line care plans. R98), the facility staff failed tt (or their representative) a ine care plan. the facility on 3/9/23. A al record (including the ective 3/10/23, and arch 2023) failed to reveal led R97 or the resident's mary of the baseline care		components a providing a co responsible pa A signed copy medical record 4. Monitorin The Interdisci The MDS coo completion of care plan sum and/or respon the summary, the medical re reported week year to the Int data will be pr bi-monthly. 5. Date	are addressed prior to opy to the resident and/or arty. will be scanned into the d. g plinary Team meets wee rdinator will provide the all new admissions base mary audit, the resident sible party has been issu signed copy scanned in ecord. The findings will b kly x4, then quarterly for erdisciplinary Team . The resented to QAPI commit	kly. eline ued to one nis ttee	
	S FOR MEDICARE & DEPICIENCIES CORRECTION ROVIDER OR SUPPLIER DOAH VALLEY WESTMIN SUMMARY ST/ (EACH DEFICIENC) REGULATORY OR L Continued From page summary of the basel R97 was admitted to review of R97's clinical baseline care plan eff progress notes for Ma the facility staff provid representative a summiplan. On 3/21/23 at 4:54 p. conducted with ASM # evidence this was don ASM #2 stated that up baseline care plan, th coordinator is suppos care plan and provide and/or family. ASM # evidence this was don ASM #1 (the administ made aware of the ab 7:15 a.m., per ASM # policy regarding base 2. For Resident #98 (it to provide the residen summary of the basel R98 was admitted to review of R98's clinical baseline care plan eff progress notes for Ma the facility staff provid representative a summiplan. On 3/21/23 at 4:54 p. conducted with ASM	CORRECTION       IDENTIFICATION NUMBER:         IDENTIFICATION NUMBER:         IDENTIFICATION NUMBER:         IDENTIFICATION NUMBER:         IDENTIFICATION NUMBER:         SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)         Continued From page 10 summary of the baseline care plan.         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.         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.         2. For Resident #98 (R98), the facility staff failed to provide the resident (or their representative) a summary of the baseline care plan.         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	S FOR MEDICARE & MEDICAID SERVICES         OF DEFICIENCIES         CORRECTION         (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:         A BUILDING         495165         ROVIDER OR SUPPLIER         DOAH VALLEY WESTMINSTER CANTERBURY         SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL RECULATORY OR LSC IDENTIFYING INFORMATION)         Continued From page 10 summary of the baseline care plan.         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.         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 plan.         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.         On 3/21/23 at 4:54 p.m., an interview was conducted with ASM (ad	S FOR MEDICARE & MEDICAID SERVICES         PF DEFICIENCIES       (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:       (X2) MULTIPLE CONSTRUCTION A BUILDING         495165       B. WING         ROVIDER OR SUPPLIER       STREET ADDRESS, CL 300 WESTMINSTER WINCHESTER, VA         SUMMARY STATEMENT OF DEFICIENCIES (EACH OF DEFICIENCY MINSTER CANTERBURY)       IDENTIFYING INFORMATION)         REGULATORY OR LSC IDENTIFYING INFORMATION)       PREFX TAG         Continued From page 10       F 655         summary of the baseline care plan.       F 655         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.       F 655         On 3/22/23 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 administrative) and ASM #2 were made aware of the above concern. On 3/23/23 at 7.15 a.m., per ASM #2, the facility staff failed to provide the resident care plan.       Corrective acl 5/05/23.         2. For Resident #98 (R98), the facility staff failed to provide the resident care plan.       Side op yointeresident and summary of the baseline care plan.	S FOR MEDICARE & MEDICAID SERVICES         9° DEFICIENCIES       (x1) PROVIDERNUPPLIERCULA IDENTIFICATION NUMBER:       (x2) MULTIPLE CONSTRUCTION A BUILDING         A95165       B. WING         ROMDER OR SUPPLIER       30 WESTMINSTER CANTERBURY         DOAH VALLEY WESTMINSTER CANTERBURY       STREET ADDRESS, CITY, STATE, ZP CODE 300 WESTMINSTER CANTERBURY         DATE VALLEY WESTMINSTER CANTERBURY       WINCHESTER, VA 22603         SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE FRECDEDE BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)       PROVIDERS FLAN OF CORRECTION (EACH CORRECTIVE ATTORY OR USE IDENTIFYING INFORMATION)         Continued From page 10 summary of the baseline care plan.       F 655         RS7 was admitted to the facility on 31/4/23, An review of R97's clinical record (including the baseline care plan effective 31/4/23, and progress notes for March 2023) failed to reveal the facility staff forvided R97 or the resident's representative a summary of the baseline care plan.       F 655         ON 32/1/23 at 4:54 p.m., an interview was coordinator is supposed to finalize the baseline care plan and provide a copy to the resident and/or responsible party has been isso the summary, signed copy scanned in the medical record. The findings will be completion of the resported weekly x4, then quartery for year to the Interdicipinary Team. The data will be presented to QAPI commi data will be resented to QAPI commi bi-monthly.         5. Date       Corrective action will be completed by 5/05/23.         7. For Resident #98 (R98), the facility tatif failed to provide the resident (including t	S FOR MEDICARE & MEDICAID SERVICES       OMB NO (         OP DEFICIENCIES       (X1) PROVIDERIGHERING       (X2) MULTIPLE CONSTRUCTION       (X2) DATE SECONSTRUCTION         A BULDING       A BULDING       (X2) DATE SECONSTRUCTION       (X2) DATE SECONSTRUCTION       (X2) DATE SECONSTRUCTION         ROWDER OR SUPPLIER       STREET ADDRESS, CITY, STATE, ZIP CODE       300 WESTIMINSTER CANTERBURY       03/23         SUMMAY 12 TRADENT OF DEPICIPACINGS       STREET ADDRESS, CITY, STATE, ZIP CODE       300 WESTIMINSTER CANTERBURY DR         Continued From page 10       SUMMAY 12 TRADENT OF DEPICIPACINGS       PROVIDERS IN ANCI CORRECTION       PROVIDERS IN ANCI CORRECTION         R97 was admitted to the facility on 3/14/23, A review of R75 clinical record (including the baseline care plan effective 3/14/23, and provider a copt to the resident and/or responsible party.       F 655         MDS coordinator will be scanned into the medical record.       4. Monitoring Trepresentative a summary of the baseline care plan effective 3/14/23, and provide a copt scanned into the medical record.       A signed copy will be scanned into the medical record.         Corrective additive staff       The MDS coordinator will provide the cost plan.       The MDS coordinator will provide the cost plan.         Constructed with ASM #2 stated there was no evidence this was done for (R97). At this time, ASM #1 (the diministrative staff       S. Date         Corrective action will be presented to QAPI committee bimonthily.       S. Date <td< td=""></td<>

If continuation sheet Page 11 of 69

				CONSTRUCTION	OMB NO. 0938-	
	OF DEFICIENCIES CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:			(X3) DATE SURVEY COMPLETED	
		495165	B. WING		03/23/2023	
NAME OF P	ROVIDER OR SUPPLIER		ST	REET ADDRESS, CITY, STATE, ZIP CODE		
SHENANDOAH VALLEY WESTMINSTER CANTERBURY			30 W			
(X4) ID PREFIX TAG	(EACH DEFICIENC	ATEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORREC (EACH CORRECTIVE ACTION SHO CROSS-REFERENCED TO THE APPR DEFICIENCY)	ULD BE COMPLE	
F 655	Continued From page	e 11	F 655			
		pon completion of the				
	baseline care plan, th					
		ed to finalize the baseline				
		e a copy to the resident #2 stated there was no				
		ne for (R98). At this time,				
		trator) and ASM #2 were				
	made aware of the al					
	No further information staff.	n was provided by the facility				
F 656 SS=E		Comprehensive Care Plan (3)	F 656		5/5/23	
	§483.21(b) Compreh	ensive Care Plans				
	§483.21(b)(1) The fac	cility must develop and				
		nensive person-centered				
		sident, consistent with the				
	§483.10(c)(3), that in	th at §483.10(c)(2) and cludes measurable				
		ames to meet a resident's				
	medical, nursing, and	l mental and psychosocial				
		ied in the comprehensive				
		nprehensive care plan must				
	describe the following	) - are to be furnished to attain				
		ent's highest practicable				
		psychosocial well-being as				
		24, §483.25 or §483.40; and				
		would otherwise be required				
		.25 or §483.40 but are not esident's exercise of rights				
		ding the right to refuse				
	treatment under §483					
	(iii) Any specialized s	ervices or specialized				
		s the nursing facility will				
	provide as a result of	PASARR a facility disagrees with the				
	recommenuations. Il	ล เลงแน่ง นเวลินเธียง พี่ไปไ ไม่ยื				

Facility ID: VA0224

If continuation sheet Page 12 of 69

	S FOR MEDICARE &					10.0938-03	
	OF DEFICIENCIES CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:			· · · ·	TE SURVEY MPLETED	
		495165	B. WING		0	3/23/2023	
NAME OF PR	ROVIDER OR SUPPLIER			STREET ADDRESS, CITY, STATE, ZIP CODE			
SHENAND	OAH VALLEY WESTMIN	NSTER CANTERBURY		300 WESTMINSTER CANTERBURY DR WINCHESTER, VA 22603			
(X4) ID PREFIX TAG	(EACH DEFICIENC	TATEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF COR (EACH CORRECTIVE ACTION S CROSS-REFERENCED TO THE A DEFICIENCY)	SHOULD BE	(X5) COMPLETIO DATE	
F 656	Continued From page	e 12	F 65	6			
		RR, it must indicate its					
	rationale in the reside						
	(iv)In consultation wit	th the resident and the					
	resident's representa						
		als for admission and					
	desired outcomes.						
		eference and potential for					
	•	cilities must document					
		s desire to return to the ssed and any referrals to					
	-	es and/or other appropriate					
	entities, for this purpo						
		in the comprehensive care					
		in accordance with the					
		h in paragraph (c) of this					
		ervices provided or arranged					
	•	lined by the comprehensive					
	care plan, must-						
		petent and trauma-informed.					
	This REQUIREMENT	Γ is not met as evidenced					
	by:						
		nterview, staff interview,		1.Corrective Action			
		and facility document review		The areas of noted deficie			
		at the facility staff failed to		Residents #4, #36, #22, #6, #1	/ and #34		
		rehensive care plan for six of		were corrected 3/22/23.	viaal		
	#36, #22, #6, #17 and	urvey sample, Residents #4,		Resident #4: Non-pharmacolog interventions were added on 3/	•		
	$\pi 30, \pi 22, \pi 0, \pi 17$ and			Resident #36:added the monitor			
	The findings include:			side effect fro the Celexa on 3/	-		
	<u> </u>			Resident #22:aded the monitor			
	1. For Resident #4 (I	R4), the facility staff failed to		side effects for Cymbalta and S			
		ehensive care plan to		3/22/23.			
		cological interventions prior		Resident #6:immediately correct			
		s needed Tylenol with		3/21/22. To reflect daily monito	ring of		
	Codeine #3 (1).			pressure injury.	for old		
				Resident #17:added monitoring			
		/IDS (minimum data set), a		effects regarding Lorazepam a	nd		

Facility ID: VA0224

If continuation sheet Page 13 of 69

		MEDICAID SERVICES				<u>IO. 0938-03</u>
	OF DEFICIENCIES CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	• •			TE SURVEY MPLETED
		495165	B. WING		0	3/23/2023
NAME OF P	ROVIDER OR SUPPLIER			STREET ADDRESS, CITY, STATE, ZIP COD	E	
SHENANI	OOAH VALLEY WESTMI	NSTER CANTERBURY	300 WESTMINSTER CANTERBURY DR WINCHESTER, VA 22603			
(X4) ID PREFIX TAG	(EACH DEFICIENC	TATEMENT OF DEFICIENCIES CY MUST BE PRECEDED BY FULL LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CO (EACH CORRECTIVE ACTION CROSS-REFERENCED TO THE DEFICIENCY)	SHOULD BE	(X5) COMPLETIC DATE
F 656	Continued From pag	e 13	F 65	6		
	(assessment referen resident scored 13 o interview for mental s indicating the resider making daily decision R4 having pain frequ needed pain medical documented R4 not n interventions for pain On 3/21/2023 at 11:2 conducted with R4. at times and the nurs help. R4 stated that give them a pillow bu gave the medication. The comprehensive 8/9/2022 documente chronic pain r/t (relat (fracture) and arthriti- 08/09/2022. Revisio "Interventions" it doc "Medications as or interventions to be of 08/25/2022. Revisior The physician order's - "Tylenol with Code (milligram) (Acetamin tablet by mouth every pain scale of 6-10. C Start Date: 12/22/202 The eMAR (electroni record) dated 1/1/202 the Tylenol with Code	ce date) of 1/4/2023, the ut of 15 on the BIMS (brief status) assessment, in was cognitively intact for ns. Section J documented ently and receiving as tions. Section J further receiving non-medication in. 22 a.m., an interview was R4 stated that they had pain ses gave them medication to sometimes the staff tried to it most of the time they just care plan for R4 dated d in part, "(Name of R4) has ed to) old right ankle fx s. Date Initiated: n on: 01/18/2023" Under umented in part, dered. Non-medication ffered. Date Initiated: n on: 08/25/2022" s for R4 documented in part, ine #3 Tablet 300-30 MG nophen-Codeine) Give 1 y 6 hours as needed for For Drder Date: 12/22/2022.		<ul> <li>Resident #34:added monitorir effects for Lorazepam on 3/22 2.Other Potential Residents All residents who have a com care plan are potentially affec audit was conducted to deterr were any interventions on car active residents that were not implemented. Findings were corrected.</li> <li>1. Systems Change A). All active licensed nurses educated to review the care p to ensure all interventions are appropriate for each resident. revisions, the licensed nurses MDS coordinator to revise the B). The MDS coordinator will orders prior to adding interver care plan when developing the comprehensive care plan and are changes with the plan of c2. Monitoring The MDS coordinator will con audits x4, then monthly for on ensure the care plan is accura make revisions as needed, all interventions are implemented will be reported to the QAPI c bi-monthly.</li> <li>3. Date The corrective action will be c 5/05/23.</li> </ul>	2/23. prehensive ted. An nine if there e plans for being immediately will be lan weekly active and Any will notify care plan. review titions to the e when there care. duct weekly e year to ate and d. Findings pommittee	

Facility ID: VA0224

If continuation sheet Page 14 of 69

	-	D HUMAN SERVICES MEDICAID SERVICES				FORM	D: 04/14/2023 M APPROVED D. 0938-0391
STATEMENT C	DF DEFICIENCIES CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	· ,		E CONSTRUCTION	(X3) DATE	E SURVEY PLETED
		495165	B. WING			03/	/23/2023
NAME OF PF	ROVIDER OR SUPPLIER			S	STREET ADDRESS, CITY, STATE, ZIP CODE	-	
SHENAND	OAH VALLEY WESTMIN	STER CANTERBURY			00 WESTMINSTER CANTERBURY DR WINCHESTER, VA 22603		
(X4) ID PREFIX TAG	(EACH DEFICIENC)	ATEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREFI TAG	×	PROVIDER'S PLAN OF CORRECTIO (EACH CORRECTIVE ACTION SHOULD CROSS-REFERENCED TO THE APPROP DEFICIENCY)	BE	(X5) COMPLETION DATE
F 656	administration of the a Codeine #3. The eMAR dated 2/1/ documented the Tyler administered to R4 a levels ranging from 6- evidence documentat interventions prior to to needed Tylenol with C The eMAR dated 3/1/ documented the Tyler administered to R4 a levels ranging from 7- evidence documentat interventions prior to to needed Tylenol with C The progress notes for 1/1/2023-3/22/2023 fa documentation of non interventions attempte administration of the a documented on the el On 3/22/2023 at 10:50 conducted with LPN ( LPN #2 stated that the was for everyone to k problems were and fo were to do for the res the non-medical interv documented on the el	interventions prior to the as needed Tylenol with 2023-2/28/2023 hol with Codeine #3 total of 14 times for pain 8. The eMAR failed to ion of non-pharmacological the administration of the as Codeine #3. 2023-3/31/2023 hol with Codeine #3 total of 10 times for pain 8. The eMAR failed to ion of non-pharmacological the administration of the as Codeine #3. The eMAR failed to ion of non-pharmacological the administration of the as Codeine #3. For R4 from ailed to evidence -pharmacological ed or offered prior to the as needed pain medication MARs. 6 a.m., an interview was licensed practical nurse) #2. e purpose of the care plan now what the residents or the staff to know what they ident. LPN #2 stated that if ventions were not MAR that it could not be	F	556			
	implementing the care	offered or that they were e plan for the resident. 5 a.m., ASM (administrative					

Facility ID: VA0224

If continuation sheet Page 15 of 69

	-	ID HUMAN SERVICES MEDICAID SERVICES				FORM	): 04/14/2023 MAPPROVED
STATEMENT (	DF DEFICIENCIES CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:		CONSTRUCTION		(X3) DATE	0. 0938-0391 SURVEY LETED
		495165	B. WING		_	03/2	23/2023
NAME OF PI	ROVIDER OR SUPPLIER		S	TREET ADDRESS, CITY, ST	TATE, ZIP CODE		
SHENAND	OOAH VALLEY WESTMIN	STER CANTERBURY		00 WESTMINSTER CANT VINCHESTER, VA 2260			
(X4) ID PREFIX TAG	(EACH DEFICIENC)	ATEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREFIX TAG	(EACH CORRE) CROSS-REFERE	S PLAN OF CORRECTION CTIVE ACTION SHOULD B NCED TO THE APPROPRIA DEFICIENCY)		(X5) COMPLETION DATE
F 656	stated that they did non-pharmacological prior to the administra Codeine #3 from 1/1/2 The facility policy "Ca dated 10/17/2022 doc services provided or a meet the needs identi care meet professiona are provided by qualif with each resident's w On 3/22/2023 at appr #1, the administrator, health services, ASM officer and LPN #2, th coordinator were mad No further information Reference: (1) Tylenol #3 The combination of ac is used to relieve mild Acetaminophen is in a analgesics (pain relieve reducers). It works by senses pain and by co belongs to a class of a (narcotic) analgesics a medications called an used to treat pain, it w the brain and nervous When codeine is used works by decreasing the	director of health services of have evidence of interventions offered to R4 ation of the Tylenol with 2023-3/22/2023. re Plan, Comprehensive" cumented in part, "All arranged by the facility to fied in the written plan of al standards of quality and ied persons in accordance written plan of care." oximately 2:33 p.m., ASM ASM #2, the director of #3, the chief operating he healthcare unit de aware of the concern. h was provided prior to exit.	F 656				

If continuation sheet Page 16 of 69

		MEDICAID SERVICES				IO. 0938-039
	DF DEFICIENCIES CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	` <i>`</i>	PLE CONSTRUCTION	· · ·	TE SURVEY MPLETED
		495165	B. WING		0	3/23/2023
NAME OF P	ROVIDER OR SUPPLIER			STREET ADDRESS, CITY, STATE, ZIP COD	E	
SHENAND	OOAH VALLEY WESTMIN	ISTER CANTERBURY		300 WESTMINSTER CANTERBURY DR WINCHESTER, VA 22603		
(X4) ID PREFIX TAG	(EACH DEFICIENC	ATEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CO (EACH CORRECTIVE ACTION CROSS-REFERENCED TO THE DEFICIENCY)	SHOULD BE	(X5) COMPLETIO DATE
F 656	https://medlineplus.get tml 2. For Resident #36 to implement the com monitoring for advers physician prescribed The comprehensive of documented in part, ' antidepressant medic Depression. Date Ini on: 02/28/2022." Und documented in part, ' PRN (as needed) adv Antidepressant thera behavior/mood/cogni hallucinations/delusio thoughts, withdrawal; daily living) ability, co constipation, fecal im changes, rigid muscle (problems), movemen muscle cramps, falls; insomnia; appetite los (nausea/vomiting), dr Initiated: 2/28/2022 documented, "I have Depressive Disorder. Revision on: 02/10/20 it documented in part ordered. Monitor/doc effectiveness. Date I	(R36), the facility staff failed prehensive care plan for e side effects related to the medication, Celexa (1). care plan for R36 '(Name of R36) uses cation Celexa r/t (related to) tiated: 02/28/2022. Revision der "Interventions" it 'Monitor/document/report verse reactions to py: change in tion; ons; social isolation, suicidal decline in ADL (activities of ntinence, no voiding; paction, diarrhea; gait es, balance probs	F 6			
	- "Celexa 20mg (millighter the morning related to	gram) 1 tablet by mouth in				

If continuation sheet Page 17 of 69

	MENT OF HEALTH AN S FOR MEDICARE & I	D HUMAN SERVICES				FORM	: 04/14/2023 APPROVED . 0938-0391
STATEMENT (	DF DEFICIENCIES CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	· · /	E CONSTRUCTION		(X3) DATE COMPI	SURVEY
		495165	B. WING			03/2	23/2023
NAME OF P	ROVIDER OR SUPPLIER			STREET ADDRESS, CITY, STATE	E, ZIP CODE		
SHENAND	OOAH VALLEY WESTMIN	STER CANTERBURY		300 WESTMINSTER CANTERI WINCHESTER, VA 22603	BURY DR		
(X4) ID PREFIX TAG	(EACH DEFICIENC)	ATEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREFIX TAG	(EACH CORRECTIN CROSS-REFERENCE	AN OF CORRECTION VE ACTION SHOULD BE ED TO THE APPROPRIA ICIENCY)		(X5) COMPLETION DATE
F 656	Continued From page	e 17	F 656				
	records) dated 1/1/20 2/1/2023-2/28/2023 a R36 documented the Celexa as ordered da On 3/22/2023 at 10:22 staff member) #2, the stated that they did no the facility staff had be effects for the Celexa that monitoring should were aware of this an On 3/22/2023 at 10:50 conducted with LPN ( LPN #2 stated that the was for everyone to k problems were and fo were to do for the res psychotropic medicati staff to ensure residen effects from them. LF should do this to mak they were providing w issues to the resident had not had a system antidepressants, antip medications. LPN #2 say that they were im the resident without e On 3/22/2023 at 2:33 administrator, ASM #3, the	nd 3/1/2023-3/31/2023 for resident having received the ily through 3/22/2023. 5 a.m., ASM (administrative director of health services of have any evidence that een monitoring for side for R36. ASM #2 stated d be done and they now d it would be corrected. 6 a.m., an interview was licensed practical nurse) #2. e purpose of the care plan now what the residents in the staff to know what they ident. LPN #2 stated that fons should be monitored by nts did not have any side PN #2 stated that they e sure that the treatment vas not causing any other . LPN #2 stated that they in place for monitoring psychotics and antianxiety stated that they could not plementing the care plan for vidence to support it. p.m., ASM #1, the 2, the director of health a chief operating officer and re unit coordinator were					

Facility ID: VA0224

If continuation sheet Page 18 of 69

	-	ID HUMAN SERVICES				FORM	D: 04/14/2023
STATEMENT (	S FOR MEDICARE & OF DEFICIENCIES CORRECTION	MEDICAID SERVICES (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	, í		CONSTRUCTION	(X3) DATE	D. 0938-0391 SURVEY PLETED
		495165	B. WING			03/	23/2023
NAME OF PI	ROVIDER OR SUPPLIER			S	TREET ADDRESS, CITY, STATE, ZIP CODE		
SHENAND	OAH VALLEY WESTMIN	ISTER CANTERBURY			00 WESTMINSTER CANTERBURY DR		
				N	VINCHESTER, VA 22603		
(X4) ID PREFIX TAG	(EACH DEFICIENC	ATEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREFI TAG	x	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD CROSS-REFERENCED TO THE APPROPR DEFICIENCY)	ЗE	(X5) COMPLETION DATE
F 656	Continued From page No further information Reference: (1) Celexa Citalopram is used to	n was provided prior to exit.	F	656			
	Citalopram is in a classelective serotonin re works by increasing the natural substance in to mental balance. This from the website:	ss of antidepression. ss of antidepressants called uptake inhibitors (SSRIs). It he amount of serotonin, a the brain that helps maintain information was obtained bv/druginfo/meds/a699001.h					
	to implement the com monitoring for advers	(R22), the facility staff failed prehensive care plan for e side effects related to the medications, Seroquel (1)					
	with dx. (diagnoses) of disorder with depress 11/04/2019. Revision "Interventions" it docu "Monitor/document/ adverse reactions to / change in behavior/m hallucinations/delusio thoughts, withdrawal; daily living) ability, co constipation, fecal im changes, rigid muscle (problems), movemer muscle cramps, falls; insomnia; appetite los	Name of R22) uses ation Cymbalta. Resident of anxiety and adjustment and mood. Date Initiated: a on: 02/01/2023." Under umented in part, (report PRN (as needed) Antidepressant therapy: nood/cognition; ms; social isolation, suicidal decline in ADL (activities of ntinence, no voiding; paction, diarrhea; gait es, balance probs					

Facility ID: VA0224

If continuation sheet Page 19 of 69

			()(0)			10.0938-03	
	DF DEFICIENCIES CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	. ,	E CONSTRUCTION		FE SURVEY MPLETED	
		495165	B. WING		0	3/23/2023	
NAME OF PI	ROVIDER OR SUPPLIER		:	STREET ADDRESS, CITY, STATE, ZIP CODE			
SHENAND	OOAH VALLEY WESTMIN	ISTER CANTERBURY		300 WESTMINSTER CANTERBURY DR WINCHESTER, VA 22603			
(X4) ID PREFIX TAG	(EACH DEFICIENC	ATEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORR (EACH CORRECTIVE ACTION SH CROSS-REFERENCED TO THE AP DEFICIENCY)	HOULD BE	(X5) COMPLETIO DATE	
F 656	Continued From page	e 19	F 656	5			
	Initiated: 11/04/2019.	" The care plan also					
		of R22] uses antipsychotic					
		r/t hallucinations. Date					
		Revision on: 02/02/2023." ' it documented in part,					
		/report PRN any adverse					
		opic medications: unsteady					
		ia, EPS (shuffling gait, rigid					
		equent falls, refusal to eat,					
		dry mouth, depression,					
		cial isolation, blurred vision, omnia, loss of appetite,					
	-	pramps nausea, vomiting,					
		not usual to the person. Date					
		" The care plan further					
		a mood problem r/t Major					
		Anxiety Disorder and					
	•	Date Initiated: 01/19/2023. 023." Under "Interventions"					
		, "Administer medications as					
		ument for side effects and					
		nitiated: 01/19/2023 Date					
	Initiated: 01/19/2023.	"					
	The physician orders	for R22 documented in part,					
		MG (milligram) (Quetiapine					
	Fumarate) Give 0.5 ta						
	morning for hallucina						
	12/19/2022. Start Da						
		MG (Quetiapine Fumarate) the at bedtime related to					
	Hallucinations, unspe						
	11/17/2022. Start Da						
	- "Cymbalta Capsule	Delayed Release Particles					
		Cl) Give 1 capsule by mouth					
		d to Major Depressive					
	Disorder, Recurrent,	Unspecified; Anxiety J. Order Date: 12/07/2020.					
	Start Date: 12/08/202	a. Oldel Dale: 12/07/2020.	1				

Facility ID: VA0224

If continuation sheet Page 20 of 69

	-	D HUMAN SERVICES MEDICAID SERVICES				FORM	): 04/14/2023 MAPPROVED ). 0938-0391
STATEMENT O	DF DEFICIENCIES CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	i í		E CONSTRUCTION	(X3) DATE	
		495165	B. WING			03/	23/2023
NAME OF PI	ROVIDER OR SUPPLIER			S	STREET ADDRESS, CITY, STATE, ZIP CODE		
SHENAND	OOAH VALLEY WESTMIN	STER CANTERBURY			00 WESTMINSTER CANTERBURY DR VINCHESTER, VA 22603		
(X4) ID PREFIX TAG	(EACH DEFICIENC)	ATEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREFI TAG		PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD I CROSS-REFERENCED TO THE APPROPR DEFICIENCY)	BE	(X5) COMPLETION DATE
F 656	Continued From page	20	F	656			
	records) dated 1/1/20 2/1/2023-2/28/2023 a R22 documented the Seroquel and Cymbal 3/22/2023. On 3/22/2023 at 10:2 staff member) #2, the stated that they did not the facility staff had be effects for the Seroque ASM #2 stated that m and they now were av corrected. On 3/22/2023 at 10:5 conducted with LPN ( LPN #2 stated that the was for everyone to k problems were and for were to do for the res psychotropic medicati staff to ensure resident effects from them. LF should do this to mak they were providing w issues to the resident had not had a system antidepressants, antig medications. LPN #2 say that they were im the resident without e On 3/22/2023 at 2:33	nd 3/1/2023-3/31/2023 for resident having received the lta as ordered daily through 5 a.m., ASM (administrative director of health services of have any evidence that een monitoring for side el and Cymbalta for R22. ionitoring should be done ware of this and it would be 6 a.m., an interview was licensed practical nurse) #2. e purpose of the care plan now what the residents or the staff to know what they ident. LPN #2 stated that ions should be monitored by nts did not have any side PN #2 stated that they e sure that the treatment vas not causing any other . LPN #2 stated that they in place for monitoring psychotics and antianxiety stated that they could not plementing the care plan for vidence to support it. p.m., ASM #1, the					
	services, ASM #3, the	2, the director of health e chief operating officer and are unit coordinator were					

If continuation sheet Page 21 of 69

	OF DEFICIENCIES	MEDICAID SERVICES		E CONSTRUCTION		O. 0938-039 E SURVEY	
	CORRECTION	IDENTIFICATION NUMBER:	. ,		· · ·	PLETED	
		495165	B. WING		03/23/202		
NAME OF PI	ROVIDER OR SUPPLIER	·		STREET ADDRESS, CITY, STATE, ZIP CODE			
SHENAND		ISTER CANTERBURY	300 WESTMINSTER CANTERBURY WINCHESTER, VA 22603				
(X4) ID PREFIX TAG	(EACH DEFICIENC	ATEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORREC (EACH CORRECTIVE ACTION SHO CROSS-REFERENCED TO THE APPF DEFICIENCY)	ULD BE	(X5) COMPLETIO DATE	
F 656	Continued From page 21		F 656				
	made aware of the al	bove concern.					
	No further information	n was provided prior to exit.					
	Reference: (1) Seroquel						
	Quetiapine tablets an (long-acting) tablets a						
	( 0 0)	hrenia (a mental illness that					
		unusual thinking, loss of					
	interest in life, and streemotions). Quetiaping						
	extended-release tab	lets are also used alone or					
		ns to treat episodes of mania r excited or irritated mood) or					
		s with bipolar disorder					
	· ·	sorder; a disease that					
	•	lepression, episodes of ormal moods). In addition,					
		d extended-release tablets					
		nedications to prevent					
		depression in patients with tiapine extended-release					
	tablets are also used	•					
		lepression. Quetiapine					
	tablets may be used a program to treat bipo	as part of a treatment					
	schizophrenia in child						
	Quetiapine is in a cla	ss of medications called					
		s. It works by changing the					
		ural substances in the brain. obtained from the website:					
		ov/druginfo/meds/a698019.h					
	tml						
	(2) Cymbalta						
	Duloxetine is used to and generalized anxie	treat depression in adults					

If continuation sheet Page 22 of 69

			0.00			. 0938-039	
	DF DEFICIENCIES CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	. ,	LE CONSTRUCTION	(X3) DATE : COMPI		
		495165	B. WING		03/2	23/2023	
NAME OF P	ROVIDER OR SUPPLIER			STREET ADDRESS, CITY, STATE, ZIP CODE			
SHENAN	OOAH VALLEY WESTMIN	ISTER CANTERBURY		300 WESTMINSTER CANTERBURY DR WINCHESTER, VA 22603	DR		
(X4) ID PREFIX TAG	(EACH DEFICIENC	ATEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORREC (EACH CORRECTIVE ACTION SHOU CROSS-REFERENCED TO THE APPR DEFICIENCY)	JLD BE	(X5) COMPLETIO DATE	
F 656	life and lasts for 6 mc children 7 years of ag also used to treat pai diabetic neuropathy ( develop in people wh and fibromyalgia (a lo may cause pain, mus tenderness, tiredness or staying asleep) in a of age and older. It is bone or muscle pain osteoarthritis (joint pa worsen over time) in class of medications and norepinephrine re works by increasing t norepinephrine, natur that help maintain me movement of pain sig information was obtai https://medlineplus.go tml 4. For Resident #6 (Ri implement the reside plan for pressure injur A review of R6's clinic pressure injury asses	onths or longer) in adults and ge and older. Duloxetine is n and tingling caused by damage to nerves that can o have diabetes) in adults ong-lasting condition that acle stiffness and a, and difficulty falling asleep adults and children 13 years also used to treat ongoing such as lower back pain or ain or stiffness that may adults. Duloxetine is in a called selective serotonin euptake inhibitors (SNRIs). It he amounts of serotonin and ral substances in the brain ental balance and stop the ynals in the brain. This ined from the website: by/druginfo/meds/a604030.h	F 65	6			
	tissue injury on the ou foot (present on admi physician's order date apply skin prep to the a day. A review of Re March 2023 MARs (n records) and TARs (th	dent presented with a deep uter aspect of the left lateral ission 2/13/23). A ed 2/14/23 documented to e left lateral foot wound twice 6's February 2023 and nedication administration reatment administration eal the physician's order for					

Facility ID: VA0224

If continuation sheet Page 23 of 69

	-	ID HUMAN SERVICES MEDICAID SERVICES					FORM	): 04/14/2023 MAPPROVED ). 0938-0391
STATEMENT (	DF DEFICIENCIES CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	· ,		E CONSTRUCTION		(X3) DATE	
		495165	B. WING				03/	23/2023
NAME OF P	ROVIDER OR SUPPLIER			S	STREET ADDRESS, CITY, STATE, ZIP CODE	Ξ		
SHENAND	OOAH VALLEY WESTMIN	STER CANTERBURY			300 WESTMINSTER CANTERBURY DR WINCHESTER, VA 22603			
(X4) ID PREFIX TAG	(EACH DEFICIENC)	ATEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREF TAG		PROVIDER'S PLAN OF COF (EACH CORRECTIVE ACTION CROSS-REFERENCED TO THE / DEFICIENCY)	SHOULD B		(X5) COMPLETION DATE
F 656	A review of nurse's not March 2023 failed to r to the left lateral foot of 2/27/23, 3/1/23, 3/2/23 3/10/23. R6's comprehensive of revised on 3/1/23 doc has actual impairment to) pressure injuries ordered" On 3/22/23 at 10:40 at conducted with LPN ( LPN #2 stated nurses are done by signing th would be the only phy treatments were done On 3/22/23 at 10:53 at conducted with LPN # purpose of the care phy what the resident's pro- doing to help care for for the interventions care." In regard to ca LPN #2 stated, "The r medication MAR for the treatments, any tasks care computer system nursing assistants)." On 3/22/23 at 2:34 p.1 staff member) #1 (the (the director of health of the above concern. 5. For Resident #17 (fite the tabove concern.	eatment was administered. betes for February 2023 and reveal skin prep was applied on any dates except for 3, 3/6/23, 3/7/23 and care plan dated 2/27/23 and cumented, "(Name of R6) it to skin integrity r/t (related .Tx (Treatment) as a.m., an interview was licensed practical nurse) #2. s evidence that treatments hem off on the TAR and that ysical place to see that the a.m., another interview was #2. LPN #2 stated the lan is, "So everyone knows roblem is and what we are that problem and the steps .It gives a guide to their are on the poc (point of n) for CNAs (certified m., ASM (administrative e administrator) and ASM #2 services) were made aware	F	656				

If continuation sheet Page 24 of 69

	-	ID HUMAN SERVICES			FORI	D: 04/14/2023 M APPROVED
STATEMENT	DF DEFICIENCIES CORRECTION	MEDICAID SERVICES (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	. ,	E CONSTRUCTION	(X3) DATE	D. 0938-0391 E SURVEY PLETED
		495165	B. WING		03	/23/2023
NAME OF P	ROVIDER OR SUPPLIER			STREET ADDRESS, CITY, STATE, ZIP CODE		
SHENAN	OOAH VALLEY WESTMIN	ISTER CANTERBURY		300 WESTMINSTER CANTERBURY DR WINCHESTER, VA 22603		
(X4) ID PREFIX TAG	(EACH DEFICIENC	ATEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORREC (EACH CORRECTIVE ACTION SHOL CROSS-REFERENCED TO THE APPR DEFICIENCY)	JLD BE	(X5) COMPLETION DATE
F 656	monitoring for advers physician prescribed and Lorazepam (2). On the most recent M quarterly assessment reference date) of 1/1 being severely cognit daily decisions. The r having received an ar of seven days of the Io having received an ar seven days of the Ioo A review of R17's phy following orders: "Risperdal Tablet 0.5 tablet by mouth at be delusions." This order "Lorazepam Intensol (Lorazepam) Give 0.2 morning." This order Further review of R17 resident received Risp ordered in January 20 March 2023. A review of R17's con revealed, in part: "Mo for safety. The reside meds which are asso of confusion, amnesia cognitive impairment increases risk of falls, portion of the care pla	e side effects related to the medications, Risperdal (1) IDS (minimum data set), a t with an ARD (assessment I1/23, R17 was coded as ively impaired for making esident was coded as ntipsychotic medication six look back period, and as ntianxiety medication all k back period. ////////////////////////////////////	F 656			

If continuation sheet Page 25 of 69

	-	ID HUMAN SERVICES MEDICAID SERVICES				FOR	D: 04/14/2023 M APPROVED O. 0938-0391
STATEMENT (	DF DEFICIENCIES CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	· /		E CONSTRUCTION	(X3) DATE	E SURVEY PLETED
		495165	B. WING			03	/23/2023
NAME OF P	ROVIDER OR SUPPLIER			S	TREET ADDRESS, CITY, STATE, ZIP CODE		
SHENAND	OOAH VALLEY WESTMIN	STER CANTERBURY			00 WESTMINSTER CANTERBURY DR VINCHESTER, VA 22603		
(X4) ID PREFIX TAG	(EACH DEFICIENC)	ATEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREFIJ TAG	×	PROVIDER'S PLAN OF CORRECT (EACH CORRECTIVE ACTION SHOU CROSS-REFERENCED TO THE APPRO DEFICIENCY)	_D BE	(X5) COMPLETION DATE
F 656	adverse reactions of I medications: unstead EPS (extrapyramidal rigid muscles, shaking eat, difficulty swallowi suicidal ideations, sood diarrhea, fatigue, inso weight loss, muscle of behavior symptoms in portion of the care plat On 3/22/23 at 8:12 a. could not provide evid had been monitoring Lorazepam and Rispe facility staff should be to make sure resident adverse reactions from intended to help them On 3/22/23 at 10:56 at nurse) #2, the unit mat She stated the purpose everyone to know what and how the facility staff those problems. She care." She stated if at intervention to monito of a medication, the in make sure that the mi- causing other problem the facility does not have for documenting the r medication side effect staff had not been foll On 3/22/23 at 4:30 p.	PSYCHOTROPIC y gait, tardive dyskinesia, side effects) (shuffling gait, g), frequent falls, refusal to ng, dry mouth, depression, cial isolation, blurred vision, omnia, loss of appetite, ramps nausea, vomiting, ot usual to the person." This an was initiated on 1/20/22. m., ASM #2 stated she dence that the facility staff for side effects for the erdal. ASM #2 stated the monitoring for side effects ts are not experiencing m medications that are a. m., LPN (licensed practical anager, was interviewed. Se of a care plan is for at a resident's problems are, raff is going to take care of stated: "It is a guide to their care plan includes an r a resident for side effects urse should be looking to edication is not indirectly ns for a resident. She stated ave a clear, concise system nonitoring of residents for ts. She stated the facility owing R17's care plan. m., ASM #1, the 2, and ASM #3, the chief	F	556			

Facility ID: VA0224

If continuation sheet Page 26 of 69

	-	D HUMAN SERVICES MEDICAID SERVICES	-			FORM	): 04/14/2023 1 APPROVED 0. 0938-0391
	DF DEFICIENCIES CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	. ,	E CONSTRUCTION		(X3) DATE COMP	SURVEY LETED
		495165	B. WING		_	03/2	23/2023
NAME OF P	ROVIDER OR SUPPLIER			STREET ADDRESS, CITY, S	TATE, ZIP CODE		
SHENAND	OOAH VALLEY WESTMIN	STER CANTERBURY		300 WESTMINSTER CANT WINCHESTER, VA 2260			
(X4) ID PREFIX TAG	(EACH DEFICIENC)	ATEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREFIX TAG	(EACH CORRE CROSS-REFERE	S PLAN OF CORRECTION ECTIVE ACTION SHOULD BI ENCED TO THE APPROPRIA DEFICIENCY)		(X5) COMPLETION DATE
F 656	Continued From page concerns.	26 was provided prior to exit.	F 656	5			
	<ul> <li>(1) "Risperidone (gentreat the symptoms of illness that causes disloss of interest in life, emotions) in adults arage and older. It is als mania (frenzied, abnomod) or mixed episor and depression that h and in teenagers and and older with bipolar disorder; a disease the depression, episodes abnormal moods). Rist treat behavior problem self-injury, and sudde teenagers and children have autism (a condit behavior, difficulty interproblems with communa class of medications antipsychotics. It work certain natural substation is taken frinttps://medlineplus.got tml.</li> <li>(2) "Lorazepam (bran relieve anxiety. Loraz medications called be slowing activity in the relaxation." This inform website</li> </ul>	eric for Risperdal) is used to f schizophrenia (a mental sturbed or unusual thinking, and strong or inappropriate of teenagers 13 years of so used to treat episodes of ormally excited, or irritated odes (symptoms of mania happen together) in adults children 10 years of age disorder (manic depressive at causes episodes of of mania, and other speridone is also used to ms such as aggression, n mood changes in en 5 to 16 years of age who ion that causes repetitive eracting with others, and unication). Risperidone is in s called atypical ks by changing the activity of nnces in the brain." This nom the website ov/druginfo/meds/a694015.h					

Facility ID: VA0224

If continuation sheet Page 27 of 69

	-	ID HUMAN SERVICES MEDICAID SERVICES				FORM	D: 04/14/2023 MAPPROVED D. 0938-0391
STATEMENT (	DF DEFICIENCIES CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	· ,		E CONSTRUCTION	(X3) DATE	SURVEY PLETED
		495165	B. WING			03/	23/2023
NAME OF P	ROVIDER OR SUPPLIER			S	STREET ADDRESS, CITY, STATE, ZIP CODE		
SHENAND	OOAH VALLEY WESTMIN	STER CANTERBURY			300 WESTMINSTER CANTERBURY DR WINCHESTER, VA 22603		
(X4) ID PREFIX TAG	(EACH DEFICIENC	ATEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREF TAG		PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD CROSS-REFERENCED TO THE APPROPE DEFICIENCY)	BE	(X5) COMPLETION DATE
F 656	Continued From page	27	F	656	)		
	to implement the com monitoring for advers physician prescribed On the most recent M quarterly assessment reference date) of 12/ being moderately imp decisions, having sco BIMS (brief interview resident was coded a antianxiety medication medication on all seve period. A review of R34's phy following order: "Lora	n and an antidepressant en days of the look back vsician orders revealed the zepam Oral Tablet 0.5 MG ablet by mouth before meals					
	administration record had been administered A review of R34's con revealed, in part: "Mo (as needed) any adve ANTI-ANXIETY thera energy, clumsiness, s speech, confusion an dizziness, lightheaded judgment, memory los stomach upset, blurre UNEXPECTED SIDE rage, aggressive or in	py: Drowsiness, lack of slow reflexes, Slurred d disorientation, depression, dness, impaired thinking and ss, forgetfulness, nausea, ed or double vision. EFFECTS: Mania, hostility,					

Facility ID: VA0224

If continuation sheet Page 28 of 69

	-	ID HUMAN SERVICES MEDICAID SERVICES			FC	NO. 0938-0391
STATEMENT (	DF DEFICIENCIES CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:		PLE CONSTRUCTION	(X3) DA	ATE SURVEY DMPLETED
		495165	B. WING			03/23/2023
NAME OF P	ROVIDER OR SUPPLIER			STREET ADDRESS, CITY, STATE, ZI		
SHENAND	OOAH VALLEY WESTMIN	STER CANTERBURY		300 WESTMINSTER CANTERBUR WINCHESTER, VA 22603	IY DR	
(X4) ID PREFIX TAG	(EACH DEFICIENC)	ATEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN ( (EACH CORRECTIVE A CROSS-REFERENCED T DEFICIE	CTION SHOULD BE	(X5) COMPLETION DATE
F 656	9/19/22. On 3/22/23 at 8:12 a. could not provide evid had been monitoring Lorazepam. ASM #2 should be monitoring sure residents are nor reactions from medica help them. On 3/22/23 at 4:30 p. administrator, ASM #2 operating officer, were concerns. No further information (1) "Lorazepam (bran relieve anxiety. Loraz medications called be slowing activity in the relaxation." This inform website	m., ASM #2 stated she dence that the facility staff for side effects for the stated they facility staff for side effects to make t experiencing adverse ations that are intended to m., ASM #1, the 2, and ASM #3, the chief e informed of these n was provided prior to exit. d name Ativan) is used to epam is in a class of enzodiazepines. It works by	F 6	56		
F 657 SS=D	CFR(s): 483.21(b)(2)( §483.21(b) Comprehe §483.21(b)(2) A comp be- (i) Developed within 7 the comprehensive as	i)-(iii) ensive Care Plans orehensive care plan must days after completion of ssessment. erdisciplinary team, that	F 6	57		5/5/23

Event ID: MDHI11

Facility ID: VA0224

If continuation sheet Page 29 of 69

PRINTED: 04/14/2023

		ID HUMAN SERVICES MEDICAID SERVICES				FORM	D: 04/14/2023 MAPPROVED D. 0938-0391
STATEMENT O	DF DEFICIENCIES CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	` <i>`</i>		CONSTRUCTION	(X3) DATE COMF	SURVEY PLETED
		495165	B. WING			03/	23/2023
NAME OF PI	ROVIDER OR SUPPLIER			S	TREET ADDRESS, CITY, STATE, ZIP CODE		
	OAH VALLEY WESTMIN			30	00 WESTMINSTER CANTERBURY DR		
SHENANL	OAH VALLET WESTIM	STER CANTERBURT		W	/INCHESTER, VA 22603		
(X4) ID PREFIX TAG	(EACH DEFICIENCY MUST BE PRECEDED BY FULL PREFIX (EACH CORRECTIVE ACTION			PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD ) CROSS-REFERENCED TO THE APPROPR DEFICIENCY)	BE	(X5) COMPLETION DATE	
F 657	resident. (C) A nurse aide with resident. (D) A member of food (E) To the extent prace the resident and the re- An explanation must medical record if the and their resident rep- not practicable for the resident's care plan. (F) Other appropriate disciplines as determ or as requested by th (iii)Reviewed and rev- team after each asse comprehensive and ca- assessments. This REQUIREMENT by: Based on observation	ysician. e with responsibility for the responsibility for the d and nutrition services staff. cticable, the participation of resident's representative(s). be included in a resident's participation of the resident oresentative is determined e development of the e staff or professionals in ined by the resident's needs e resident. ised by the interdisciplinary ssment, including both the quarterly review T is not met as evidenced n, staff interview, facility	F	657	1.Corrective Action		
	facility staff failed to r	d clinical record review, the evise a resident's care plan ts in the survey sample,			The areas of noted deficiencies for Resident #34 were corrected 3/22/23. careplan was updated and revised to relect the knee brace and the non-weightbearing status on 3/22/23. 2.Other Potential Residents		
	For Resident #34 (R3 update the resident's	34), the facility staff failed to care plan with the resident's and non-weightbearing			All residents who have a comprehens care plan are potentially affected. An audit was conducted to determine if th were any interventions on care plans active residents that were not being implemented. Findings were immedia	iere for	
		m., R34 was seated at a om. A knee brace was visible t knee.			<ul><li>corrected.</li><li>4. Systems Change</li><li>A). All active licensed nurses will be educated to review the care plan weel</li></ul>	-	

Event ID: MDHI11

Facility ID: VA0224

If continuation sheet Page 30 of 69

STATEMENT	OF DEFICIENCIES	MEDICAID SERVICES	(X2) MULTIPI	E CONSTRUCTION	(X3) DA	10. 0938-039
AND PLAN O	FCORRECTION	IDENTIFICATION NUMBER:	A. BUILDING		CO	MPLETED
		495165	B. WING		0	3/23/2023
NAME OF P	ROVIDER OR SUPPLIER			STREET ADDRESS, CITY, STATE, ZIP CODE		
SHENANI	DOAH VALLEY WESTMIN	ISTER CANTERBURY	300 WESTMINSTER CANTERBURY DR WINCHESTER, VA 22603			
(X4) ID PREFIX TAG	(EACH DEFICIENC	ATEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORF (EACH CORRECTIVE ACTION S CROSS-REFERENCED TO THE AI DEFICIENCY)	HOULD BE	(X5) COMPLETIO DATE
F 657	Continued From page	e 30	F 65	7		
	following orders: "Resident to be non-voruntil physician rele 2/5/23. "R (right) knee neoprof bed &skin check to of bed &skin check to of brace qs (every sh 2/23/23. A review of R34's corg 9/8/22 revealed no in knee brace or the nor On 3/22/23 at 1:25 p. nurse) #1, the MDS ( coordinator was inter responsible for updat opportunities arise wi conditions. She state weekly to review new condition changes, all non-weightbearing st plan. After reviewing she could not determ been updated. On 3/22/23 at 4:30 p. staff member) #1, the ASM #3, the chief op informed of these corr A review of the facility Comprehensive," rev periodically reviewed qualified persons after	viewed. She stated she is ing the care plans as new th changes in residents' d the team meets daily and medications, treatments, or nd that the knee brace and atus should be on the care R34's care plan, she stated ine that the care plan had m., ASM (administrative e administrator, ASM #2, and erating officer, were ncerns.		to ensure all interventions are a appropriate for each resident. A revisions, the licensed nurse with MDS coordinator to revise the of B). The MDS coordinator will re- orders prior to adding interventi- care plan when developing the comprehensive care plan and w are changes with the plan of car 5. Monitoring The MDS coordinator will condu- audits x4, then monthly for one ensure the care plan is accurate make revisions as needed, all interventions are implemented/ Findings will be reported to the committee bi-monthly. 6. Date The corrective action will be con 5/05/23.	Any II notify care plan. view ons to the when there re. uct weekly year to e and revised. QAPI	

If continuation sheet Page 31 of 69

		MEDICAID SERVICES				NO. 0938-03	
	DF DEFICIENCIES CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:		PLE CONSTRUCTION	· · · ·	TE SURVEY MPLETED	
		495165	B. WING			3/23/2023	
NAME OF P	ROVIDER OR SUPPLIER		STREET ADDRESS, CITY, STATE, ZIP CODE		ODE		
SHENAND	OOAH VALLEY WESTMIN	ISTER CANTERBURY		300 WESTMINSTER CANTERBURY WINCHESTER, VA 22603	DR		
(X4) ID PREFIX TAG	(EACH DEFICIENC	ATEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF (EACH CORRECTIVE ACT CROSS-REFERENCED TO T DEFICIENC	TION SHOULD BE THE APPROPRIATE	(X5) COMPLETIO DATE	
F 657	Continued From page	e 31	F 6	57			
	No further information	n was provided prior to exit.					
F 684			F 6	84		5/5/23	
SS=D						0.0,20	
	§ 483.25 Quality of c	are					
		Indamental principle that					
		nt and care provided to					
		ed on the comprehensive					
	assessment of a resi	dent, the facility must ensure					
	that residents receive	e treatment and care in					
	-	essional standards of					
		nensive person-centered					
		sidents' choices. F is not met as evidenced					
	by: Based on staff interv	iew and clinical record		1. Corrective Action			
		aff failed to provide care and		Resident #35 had lab	values obtained		
		a resident's highest level of		on 3/21/23, results within in			
		17 residents in the survey		no further evidence of bloo			
	sample, Resident #3	-		2.Other Potential Resident	s		
				All residents are potentially	affected for		
	The findings include:			order changes written in th	-		
				communication book. An a			
		35), the facility staff failed to		conducted to ensure no or			
		commended urinalysis on		written in the communication			
	2/25/23.			entered electronically. No	findings noted.		
	A review of P35's olin	nical record revealed a		3.Systems Change A) The Physician com	munication		
		25/23 that documented.		book forms will be modified			
		ng assistant) (name) reports		provider to enter orders ele			
	that it appears reside			queue the order or hand w	-		
	resident's) urine. CN			chart, flagging the sheet to			
	,	and it did have blood mixed		licensed nurse of a new or			
	in with the urine. This	s nurse placed a note in the		B) The licensed nurse	who completes		
		n book asking that doctor		the 24-hour chart check wi			
		rther review of R35's clinical		listing report via EMR to er			
	record failed to revea	I any further documentation		orders are completed. Also	o check the		

Event ID: MDHI11

Facility ID: VA0224

If continuation sheet Page 32 of 69

	OF DEFICIENCIES	MEDICAID SERVICES (X1) PROVIDER/SUPPLIER/CLIA		CONSTRUCTION		O. 0938-039 E SURVEY
	CORRECTION	IDENTIFICATION NUMBER:	. ,			PLETED
		495165	B. WING		03/23/2023	
IAME OF PI	ROVIDER OR SUPPLIER		5	TREET ADDRESS, CITY, STATE, ZIP CODE	E	
HENAND	OAH VALLEY WESTMIN	ISTER CANTERBURY	300 WESTMINSTER CANTERBURY DR WINCHESTER, VA 22603			
(X4) ID PREFIX TAG	(EACH DEFICIENC	ATEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRE (EACH CORRECTIVE ACTION SHI CROSS-REFERENCED TO THE APP DEFICIENCY)	OULD BE	(X5) COMPLETIO DATE
F 684	Continued From page	e 32	F 684			
	by the physician. On 3/21/23 at 11:27 a staff member) #2 (the presented a provider 2/25/23. The log doc resident's undergarm resident) has blood in (possible UTI [urinary physician's response (urinalysis with culture stated the urinalysis w On 3/22/23 at 10:53 a conducted with LPN ( LPN #2 stated that if medical concern and building then the nurse communication log. I time the physician con book, makes her asse orders or writes the o stated the nurses are	ent, it looks as though (the (the resident's) urine tract infection])." The documented, "UA C&S e and sensitivity)." ASM #2 was never obtained. a.m., an interview was (licensed practical nurse) #2. there is a non-emergent the physician is not in the ses will write the concern in a _PN #2 stated that the next mes in, she checks the		hard chart for any handwritten or 4. Monitoring The Unit Coordinator will perform audits x4, then monthly for one y ensure there are no missed orde Findings will be reported to the C committee bi-monthly. 5. Date The corrective action will be com 5/05/23.	n weekly ear to rs. QAPI	
F 686 SS=E	the above concern. A implementation of phy was requested. The "Documentation of the document information concern. Treatment/Svcs to Pr	SM #2 were made aware of A policy regarding the ysician recommendations policy provided and titled, e Clinical Record" failed to n regarding the above event/Heal Pressure Ulcer	F 686			5/5/23

Facility ID: VA0224

If continuation sheet Page 33 of 69

		ID HUMAN SERVICES MEDICAID SERVICES				FORM	): 04/14/2023 APPROVED 0. 0938-0391
STATEMENT (	DF DEFICIENCIES CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	, í		CONSTRUCTION	(X3) DATE	
		495165	B. WING _			03/	23/2023
NAME OF P	ROVIDER OR SUPPLIER			ST	TREET ADDRESS, CITY, STATE, ZIP CODE	<u>,                                     </u>	
SHENAND	OOAH VALLEY WESTMIN	STER CANTERBURY	300 WESTMINSTER CANTERBURY DR WINCHESTER, VA 22603				
(X4) ID PREFIX TAG	(EACH DEFICIENC)	ATEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREFI) TAG	×	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD I CROSS-REFERENCED TO THE APPROPR DEFICIENCY)	3E	(X5) COMPLETION DATE
F 686	§483.25(b) Skin Integ §483.25(b)(1) Pressu Based on the compre- resident, the facility m (i) A resident receives professional standard pressure ulcers and d ulcers unless the indivi- demonstrates that the (ii) A resident with pre- necessary treatment a with professional stand promote healing, prev- new ulcers from deve This REQUIREMENT by: Based on staff intervi- and clinical record rev- to provide care and se for one of 17 resident Resident #6. The findings include: For Resident #6 (R6), evidence treatment w resident's left lateral for ordered by the physic February 2023 and M A review of R6's clinic pressure injury assess documented the resid tissue injury on the ou- foot (present on admi- physician's order date apply skin prep to the a day. A review of R6	rity re ulcers. hensive assessment of a nust ensure that- a care, consistent with is of practice, to prevent loes not develop pressure vidual's clinical condition ey were unavoidable; and essure ulcers receives and services, consistent idards of practice, to vent infection and prevent loping. is not met as evidenced iew, facility document review view, the facility staff failed ervices for a pressure injury is in the survey sample, the facility staff failed to as provided for the oot pressure injury, as ian, on multiple dates during arch 2023. cal record revealed a sment dated 2/14/23 that lent presented with a deep uter aspect of the left lateral	F	586	<ol> <li>Corrective Action Resident #6 treatment order was immediately corrected to reflect on the TAR on 3/22/23.</li> <li>Other Potential Residents All residents who have pressure injurid are potentially affected. An audit was conducted on the one resident with a pressure injury, all treatments were in place, orders correctly documented.</li> <li>Systems Change A) All active Licensed nurses and providers will be educated on proper of entry for treatments and what to select proper documentation.</li> <li>The Licensed nurse who performs 24-chart check will check orders for al with pressure injuries to ensure the or entry is correct and supporting documentation on the TAR.</li> <li>The Unit Coordinator/designee will perform an audit weekly during pressu- injury rounds to ensure treatments beilt</li> </ol>	es order t for the der	

Facility ID: VA0224

If continuation sheet Page 34 of 69

	S FOR MEDICARE &				OMB NO. 0938-0
	DF DEFICIENCIES CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:		PLE CONSTRUCTION G	(X3) DATE SURVEY COMPLETED
		495165	B. WING		03/23/2023
IAME OF PI	ROVIDER OR SUPPLIER			STREET ADDRESS, CITY, STATE, ZIP	CODE
HENAND	OOAH VALLEY WESTMIN	ISTER CANTERBURY	300 WESTMINSTER CANTERBURY DR WINCHESTER, VA 22603		( DR
(X4) ID PREFIX TAG	(EACH DEFICIENC	ATEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN O (EACH CORRECTIVE AC CROSS-REFERENCED TO DEFICIEN	CTION SHOULD BE COMPLET THE APPROPRIATE DATE
F 686	Continued From page	e 34	F 68	86	
	records) failed to reversion prep to the left lateral failed to reveal the treereview of nurse's noted March 2023 failed to to the left lateral foot 2/27/23, 3/1/23, 3/2/23/10/23. R6's comprehensive of revised on 3/1/23 door has actual impairment to) pressure injuries ordered" On 3/22/23 at 10:40 a conducted with LPN (LPN #2 stated nurses are done by signing the would be the only phy treatments were done entered the physician left lateral foot into the when she did this, she order type for TAR so the TAR. LPN #2 state there was no evidence done per physician's On 3/22/23 at 2:34 p. staff member) #1 (the director of health of the above concern The facility policy title	care plan dated 2/27/23 and cumented, "(Name of R6) it to skin integrity r/t (related .Tx (Treatment) as a.m., an interview was (licensed practical nurse) #2. s evidence that treatments hem off on the TAR and that ysical place to see that the e. LPN #2 stated she order for skin prep to the e computer system and e was supposed to select an the order would transfer to ted she did not do this and the the treatment was order. m., ASM (administrative e administrator) and ASM #2 services) were made aware d, "Pressure Injury		documented as ordered. 4. Monitoring The Unit Coordinator/desi perform an audit weekly of injury rounds to ensure the being documented as ord will be reported to the QA bi-monthly. 5.Date The corrective action will 5/05/23.	during pressure eatments are lered. Findings PI committee
	(the director of health of the above concern The facility policy title Prevention and Care "Standard: A program	services) were made aware			

Facility ID: VA0224

If continuation sheet Page 35 of 69

	S FOR MEDICARE &				OMB NO. 0938-03	
	DF DEFICIENCIES CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:			(X3) DATE SURVEY COMPLETED	
		495165	B. WING	03/23/202		
NAME OF P	ROVIDER OR SUPPLIER		:	STREET ADDRESS, CITY, STATE, ZIP CODE		
SHENAN	OOAH VALLEY WESTMI	NSTER CANTERBURY		300 WESTMINSTER CANTERBURY DR WINCHESTER, VA 22603		
(X4) ID PREFIX TAG	(EACH DEFICIENC	TATEMENT OF DEFICIENCIES CY MUST BE PRECEDED BY FULL LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTIO (EACH CORRECTIVE ACTION SHOULD CROSS-REFERENCED TO THE APPROP DEFICIENCY)	BE COMPLETIO	
F 686	Continued From pag	e 35	F 686			
	Health Care resident and promote healing	s to prevent skin breakdown ."				
F 697 SS=E	Pain Management CFR(s): 483.25(k)		F 697	,	5/5/23	
	provided to residents consistent with profe- the comprehensive p and the residents' go This REQUIREMENT by: Based on resident in clinical record review it was determined that provide a complete p including implementa interventions prior to needed pain medicat in the survey sample The findings include: 1. For Resident #4 ( evidence implementa interventions prior to Tylenol with Codeine On the most recent M significant change as (assessment referen resident scored 13 o interview for mental s indicating the resider making daily decision	<ul> <li>a who require such services, ssional standards of practice, person-centered care plan, bals and preferences.</li> <li>T is not met as evidenced</li> <li>b terview, staff interview, and facility document review at the facility staff failed to bain management program ation of non-pharmacological the administration of as tions for three of 17 residents attions for three of 17 residents administration of as needed administration of as needed at a sessment with an ARD ce date) of 1/4/2023, the ut of 15 on the BIMS (brief</li> </ul>		<ol> <li>Corrective Action Non-pharmacological approache were added to all pain medication or for Residents #4, #97 and #34 on 3/2 Resident #97: pain assessments wer completed per policy and staff educa to complete accurate pain assessme 2.Other Potential Residents All residents who have pain medicati orders are potentially affected. An ar was conducted for all active residents pain medications, those without the non-pharmacological approaches we added immediately.</li> <li>Systems Change</li> <li>A) All active licensed nurses and providers will be educated on proper entry for pain medications including non-pharmacological approaches.</li> <li>The Licensed nurse who performs 24-chart check will check orders for p medication to ensure the order entry correct including the non-pharmacological and supporting</li> </ol>	ders 21/23. re tition ints. on udit s with ere order s the pain is	

Facility ID: VA0224

If continuation sheet Page 36 of 69

		ND HUMAN SERVICES				FORM	D: 04/14/2023 MAPPROVED D. 0938-0391
	OF DEFICIENCIES CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	` '		CONSTRUCTION	(X3) DATE COMP	SURVEY PLETED
		495165	B. WING			03/	23/2023
NAME OF PF	ROVIDER OR SUPPLIER			S	TREET ADDRESS, CITY, STATE, ZIP CODE	1 00.	
SHENAND				3	00 WESTMINSTER CANTERBURY DR		
SHENAND	OAR VALLET WESTMIN	ISTER CANTERDURT		V	/INCHESTER, VA 22603		
(X4) ID PREFIX TAG	(EACH DEFICIENC	ATEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL LSC IDENTIFYING INFORMATION)	ID PREFI TAG	x	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD E CROSS-REFERENCED TO THE APPROPRI DEFICIENCY)		(X5) COMPLETION DATE
F 697	Continued From page	e 36	F	697			
	documented R4 not r interventions for pain On 3/21/2023 at 11:2 conducted with R4. F at times and the nurs help. R4 stated that give them a pillow bu gave the medication. The physician order's - "Tylenol with Codei (milligram) (Acetamin tablet by mouth every pain scale of 6-10. C Start Date: 12/22/202 The eMAR (electronic record) dated 1/1/202 the Tylenol with Code total of 26 times for p The eMAR failed to e non-pharmacological administration of the Codeine #3. The eMAR dated 2/1 documented the Tyle administered to R4 a levels ranging from 6 evidence documenta	2 a.m., an interview was R4 stated that they had pain es gave them medication to sometimes the staff tried to t most of the time they just a for R4 documented in part, ine #3 Tablet 300-30 MG hophen-Codeine) Give 1 y 6 hours as needed for For Order Date: 12/22/2022. 22." c medication administration 23-1/31/2023 documented eine #3 administered to R4 a ain levels ranging from 6-10. evidence documentation of interventions prior to the as needed Tylenol with /2023-2/28/2023 nol with Codeine #3 total of 14 times for pain -8. The eMAR failed to tion of non-pharmacological the administration of the as Codeine #3.		597	C) staff education on proper pain assessment will be completed. d) med observation audits. e) weekly pain assessment audit week x4 and and quarterly for one year to ensure accurate and timely completion 4. Monitoring The Unit Coordinator/designee will perform an audit weekly x4 then quarter 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. 5.Date The corrective action will be completed 5/05/23.	n. Ərly n	
	administered to R4 a levels ranging from 7	total of 10 times for pain -8. The eMAR failed to tion of non-pharmacological					

If continuation sheet Page 37 of 69

		MEDICAID SERVICES		LE CONSTRUCTION	(X3) DATE	0. 0938-039	
	CORRECTION	IDENTIFICATION NUMBER:	· ,			LETED	
		495165	B. WING		03/23/2023		
NAME OF PI	ROVIDER OR SUPPLIER		STREET ADDRESS, CITY, STATE, ZIP CODE				
SHENAND	OOAH VALLEY WESTMIN	ISTER CANTERBURY		300 WESTMINSTER CANTERBURY DR WINCHESTER, VA 22603			
(X4) ID PREFIX TAG	(EACH DEFICIENC	ATEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORREC (EACH CORRECTIVE ACTION SHOU CROSS-REFERENCED TO THE APPR DEFICIENCY)	JLD BE	(X5) COMPLETIO DATE	
F 697	Continued From page	e 37	F 69	7			
-		the administration of the as					
	The progress notes f 1/1/2023-3/22/2023 f						
		n-pharmacological ed or offered prior to the as needed pain medication					
	documented on the e	•					
	8/9/2022 documented chronic pain r/t (related	care plan for R4 dated d in part, "[Name of R4] has ed to) old right ankle fx					
	(fracture) and arthritis 08/09/2022. Revision "Interventions" it door	n on: 01/18/2023" Under					
	"Medications as ord interventions to be of 08/25/2022. Revision						
	conducted with LPN	6 a.m., an interview was (licensed practical nurse) #2.					
	needed pain medicat residents pain by ask	rior to administration of as ions the nurse assessed the ing them to describe the he pain and to rate the pain					
	on a 0-10 pain scale. attempted non-medic	LPN #2 stated that they ation interventions prior to tions because sometimes					
	-	eviated without medication. ey attempted					
	repositioning, music to the resident. LPN	or offering a snack or drink #2 stated that they would					
	was not relieved ther medication. LPN #2						
	non-medication intervolution on the eMAR under t	ventions were documented he supplemental					

If continuation sheet Page 38 of 69

	-	ID HUMAN SERVICES MEDICAID SERVICES				FORM	): 04/14/2023 MAPPROVED ). 0938-0391
STATEMENT	DF DEFICIENCIES CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	· /		E CONSTRUCTION	(X3) DATE	
		495165	B. WING			03/	23/2023
NAME OF P	ROVIDER OR SUPPLIER			S	STREET ADDRESS, CITY, STATE, ZIP CODE		
SHENAN	OOAH VALLEY WESTMIN	STER CANTERBURY			300 WESTMINSTER CANTERBURY DR WINCHESTER, VA 22603		
(X4) ID PREFIX TAG	(EACH DEFICIENC)	ATEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREF TAG		PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD E CROSS-REFERENCED TO THE APPROPRI DEFICIENCY)		(X5) COMPLETION DATE
F 697	documentation with the medications. LPN #2 should be documentine when offered. LPN #2 non-medical intervention on the eMAR that it converse of the as needed pain. On 3/22/2023 at 11:33 staff member) #2, the stated that they did no non-pharmacological prior to the administration Codeine #3 from 1/1/2 The facility policy "Pa Term Care Setting" da documented in part, " past treatments utilized treatment of pain, incliper prescription and OTC length of time on each such as positioning, h specify the treatment record the effectivene treatmentConsiderat degenerative joint dis Positioning, relaxation are particularly import use of ice or heat as of APRN can also be us On 3/22/2023 at appr #1, the administrator, health services, ASM officer and LPN #2, the	he as needed pain stated that the nurses og a "Y" or "N" for yes or no 2 stated that if the tions were not documented build not be proven that they sident prior to administration medications. 5 a.m., ASM (administrative director of health services of have evidence of interventions offered to R4 ation of the Tylenol with 2023-3/22/2023. in Management in the Long ated 10/14/2022 Document present and ed by the resident for the lude: a. medications both (over the counter) and h. b. alternative treatments leat and cold applications. c. by each site of pain. d. ess of each tions:For pain related to ease (e.g., arthritis, etc.). h, and distraction techniques tant in this population. The ordered by the physician or ed for pain relief"	F	697			

Facility ID: VA0224

If continuation sheet Page 39 of 69

CENTER	S FOR MEDICARE &	ID HUMAN SERVICES MEDICAID SERVICES				FORM OMB NC	): 04/14/2023 // APPROVED ). 0938-0391
	OF DEFICIENCIES CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	· /			(X3) DATE COMP	SURVEY LETED
		495165	B. WING			03/	23/2023
NAME OF PF	ROVIDER OR SUPPLIER			S	STREET ADDRESS, CITY, STATE, ZIP CODE		
SHENAND	OAH VALLEY WESTMIN	STER CANTERBURY			300 WESTMINSTER CANTERBURY DR WINCHESTER, VA 22603		
(X4) ID PREFIX TAG	(EACH DEFICIENC)	ATEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREF TAG		PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BI CROSS-REFERENCED TO THE APPROPRIA DEFICIENCY)		(X5) COMPLETION DATE
F 697	Reference: (1) Tylenol #3 The combination of active state of the combination of active state of the combination of active state of the combination	a was provided prior to exit. cetaminophen and codeine to moderate pain. a class of medications called vers) and antipyretics (fever a changing the way the body ooling the body. Codeine medications called opiate and to a class of ntitussives. When codeine is vorks by changing the way a system respond to pain. d to reduce coughing, it the activity in the part of the ophing. This information was bsite: bv/druginfo/meds/a601005.h R97), the facility staff failed pain assessment and failed hacological interventions pain medications bxycodone were ople dates in March 2023. baseline care plan dated the resident takes opioids. "s clinical record revealed a ed 3/14/23 for oxycodone 5 of our hours as needed for seven to ten and a	F	697			
		ng every six hours as scale from one to six.  A h 2023 MAR (medication					

Facility ID: VA0224

If continuation sheet Page 40 of 69

	OF DEFICIENCIES	MEDICAID SERVICES		LE CONSTRUCTION		10. 0938-039		
	CORRECTION	IDENTIFICATION NUMBER:	. ,		· · ·	MPLETED		
		495165	B. WING		03/23/2023			
NAME OF PI	ROVIDER OR SUPPLIER	•	STREET ADDRESS, CITY, STATE, ZIP CODE					
SHENAND	OOAH VALLEY WESTMIN	NSTER CANTERBURY		300 WESTMINSTER CANTERBURY DR WINCHESTER, VA 22603				
(X4) ID PREFIX TAG	(EACH DEFICIENC	ATEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF COR (EACH CORRECTIVE ACTION CROSS-REFERENCED TO THE A DEFICIENCY)	SHOULD BE	(X5) COMPLETIO DATE		
F 697	Continued From page	e 40	F 69	7				
		l) revealed the resident was						
	administered as needed oxycodone on 3/14/23,							
		8/23, 3/19/23 and 3/20/23.						
		7's clinical record (including						
		R and March 2023 nurses'						
	notes) failed to revea	il a complete pain ig location, quality and						
		eted on 3/18/23, 3/19/23 and						
	, , .	reveal non-pharmacological						
		tempted on 3/15/23, 3/16/23,						
	3/18/23, 3/19/23 and	3/20/23. Further review of						
	R97's March 2023 M	AR revealed the resident						
		needed acetaminophen on						
	•	/23. Further review of R97's						
		ling the March 2023 MAR ses' notes) failed to reveal a						
		sment (including location,						
		was completed on 3/15/23,						
	, , ,	9/23 and 3/20/23, and failed						
		acological interventions were						
	attempted on 3/15/23	3 and 3/17/23.						
	On 3/22/23 at 10:53	a.m., an interview was						
		(licensed practical nurse) #2.						
		nedication interventions such						
		sic, food and drink should be						
	-	dministration of as needed						
	-	PN #2 stated, "Well, if you medication that's wonderful						
		could just be uncomfortable						
	-	sit too long, you may get a						
		ate with getting up and not						
	taking a medication."							
		the administration of as						
	-	ions, LPN #2 stated, "If a						
		e having pain, of course I'm						
	feel, any other specif	here the pain is, how does it						
		ice radialion hain ecolo on						

STATEMENT (	OF DEFICIENCIES	MEDICAID SERVICES (X1) PROVIDER/SUPPLIER/CLIA	(X2) MULTIPI	LE CONSTRUCTION	(X3) DATE	). 0938-039 SURVEY	
ND PLAN OF	- CORRECTION	IDENTIFICATION NUMBER:	. ,		COMP	LETED	
		495165	B. WING		03/23/2023		
NAME OF P	ROVIDER OR SUPPLIER	•		STREET ADDRESS, CITY, STATE, ZIP CODE	•		
SHENAND	DOAH VALLEY WESTMIN	ISTER CANTERBURY		300 WESTMINSTER CANTERBURY DR WINCHESTER, VA 22603			
(X4) ID PREFIX TAG	(EACH DEFICIENC	ATEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORREC (EACH CORRECTIVE ACTION SHOU CROSS-REFERENCED TO THE APPR DEFICIENCY)	JLD BE	(X5) COMPLETIO DATE	
F 697	Continued From page	e 41	F 69	7			
	non-medication interv then I would give the medication."	/ention and if that didn't work prn (as needed) pain					
	staff member) #1 (the	m., ASM (administrative administrator) and ASM #2 services) were made aware					
	to implement nonpha	R34), the facility staff failed rmacological interventions as needed Tylenol on March 2023.					
	quarterly assessment reference date) of 12 being moderately imp decisions, having sco BIMS (brief interview	IDS (minimum data set), a t with an ARD (assessment /10/22, R34 was coded as paired for making daily pred eight out of 15 on the for mental status). The us having experienced no pack period.					
	following order: "Ace 325 MG (milligrams)	vsician order revealed the taminophen Tablet (Tylenol) Give 2 tablets by mouth ded for pain." This order was					
		rch 2023 MAR (medication ) revealed the resident Tylenol 15 times.					
	no evidence that non interventions were at	t's clinical record revealed pharmacological tempted to relieve the o administration of the as					

Facility ID: VA0224

If continuation sheet Page 42 of 69

	OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA	(X2) MULTIPLE C	CONSTRUCTION	(X3) DAT	O. 0938-039 E SURVEY
ND PLAN OF	- CORRECTION	IDENTIFICATION NUMBER:	A. BUILDING		CON	IPLETED
		495165	B. WING		03/23/2023	
NAME OF P	ROVIDER OR SUPPLIER		STE	REET ADDRESS, CITY, STATE, ZIP CODE		
SHENAND	OOAH VALLEY WESTMI	NSTER CANTERBURY		) WESTMINSTER CANTERBURY DR NCHESTER, VA 22603		
(X4) ID PREFIX TAG	(EACH DEFICIENC	TATEMENT OF DEFICIENCIES CY MUST BE PRECEDED BY FULL LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORR (EACH CORRECTIVE ACTION SH CROSS-REFERENCED TO THE AP DEFICIENCY)	IOULD BE	(X5) COMPLETION DATE
F 697		a.m., LPN (licensed practical	F 697			
	She stated prior to a pain medication, she "non-medical" interve soft music, and offer stated if pain can be medication, that is in She stated attempts	entions such as repositioning, ing a snack or fluids. She alleviated without the resident's best interests. at nonpharmacological be documented either on the				
		<b>U</b>				
F 757 SS=E	Drug Regimen is Fre	n was provided prior to exit. e from Unnecessary Drugs )-(6)	F 757			5/5/23
		sary Drugs-General. regimen must be free from An unnecessary drug is any				
	§483.45(d)(1) In exc duplicate drug therap	essive dose (including by); or				
	§483.45(d)(2) For ex	cessive duration; or				
	§483.45(d)(3) Withou	ut adequate monitoring; or				
	§483.45(d)(4) Withou use; or	ut adequate indications for its				
	§483.45(d)(5) In the	presence of adverse i indicate the dose should be				

Facility ID: VA0224

If continuation sheet Page 43 of 69

		MEDICAID SERVICES	a			O. 0938-039	
	DF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	. ,		· · ·	E SURVEY IPLETED	
		495165	B. WING		0;	03/23/2023	
NAME OF PI	ROVIDER OR SUPPLIER			STREET ADDRESS, CITY, STATE, ZIP CODE			
SHENAND	OOAH VALLEY WESTMIN	ISTER CANTERBURY		300 WESTMINSTER CANTERBURY DR WINCHESTER, VA 22603			
(X4) ID PREFIX TAG	(EACH DEFICIENC	ATEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF COR (EACH CORRECTIVE ACTION : CROSS-REFERENCED TO THE A DEFICIENCY)	SHOULD BE	(X5) COMPLETIO DATE	
F 757	Continued From page	e 43	F 75	7			
	reduced or discontinu						
	stated in paragraphs section.	mbinations of the reasons (d)(1) through (5) of this Γ is not met as evidenced					
	Based on staff interv and clinical record re to ensure residents w	iew, facility document review view, the facility staff failed vere free from unnecessary		1. Corrective Action The nurse who administer medication to Resident #97 for			
	medications for two c sample, Residents #	of 17 residents in the survey 97 and #98.		pain rate is no longer an emplo community. Resident #98 rece for monitoring for side effects f	eived order		
		(R97), the facility staff needed pain medication,		anticoagulant medication on 3/ Resident #97:this resident was			
		of the physician ordered		discharged on 3/24/23. Yes sh			
		as for pain rated between		her pain medication as ordered	l through		
	3/20/23. The staff ac pain rating of three (3	on a pain scale of 1-10) on Iministered oxycodone for a 3 out of 10 on the pain		the 24th of March , 2023. 2.Other Potential Residen All active residents prescri	bed pain		
	scale).			and anticoagulant medications potentially affected. An 100%			
	physician's order date mg (milligrams) every	nical record revealed a ed 3/14/23 for oxycodone 5 / four hours as needed for		conducted to determine the ap medications were administered pain rate as parameters are or	propriate I based on dered. All		
	pain on a scale from physician's order date acetaminophen 500 r			residents □ prescribed anticoac have orders for monitoring side All findings were corrected imm	effects.		
	needed for pain on a review of R97's Marc	scale from one to six. A h 2023 MAR (medication		3.Systems Change A) All active licensed nurses w	ill receive		
		) revealed the resident was led oxycodone on 3/20/23 e.		re-education on the proper me administration guidelines, inclu reading each order prior to adr all pain medications that includ	ding ninistering		
	conducted with LPN	a.m., an interview was (licensed practical nurse) #2. eded pain medications		parameters. B) All active licensed nurses an providers will be educated on o	nd		
	should be given per t parameters. LPN #2	he physician ordered		of anticoagulant medications to monitoring of side effects via b	include		

Facility ID: VA0224

If continuation sheet Page 44 of 69

	DF DEFICIENCIES CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	. ,		(X3) DATE SURVEY COMPLETED
		495165	B. WING		03/23/202
NAME OF P	ROVIDER OR SUPPLIER			STREET ADDRESS, CITY, STATE, ZIP CODE	
SHENAND	OOAH VALLEY WESTMIN	ISTER CANTERBURY			
(X4) ID PREFIX TAG	(EACH DEFICIENC)	ATEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF COF (EACH CORRECTIVE ACTION CROSS-REFERENCED TO THE DEFICIENCY)	SHOULD BE COMPL
F 757	<ul> <li>should not be administ because the oxycodo seven to ten.</li> <li>On 3/22/23 at 2:34 p. staff member) #1 (the (the director of health of the above concern.</li> <li>The facility policy title Long Term Care Setti treating pain, start wit resident's current level</li> <li>2. For Resident #98 (to monitor the resider of the anticoagulant (Eliquis (1).</li> <li>A review of R98's clin physician's order date (milligrams) every 12 review of R98's March administration record administration record administred Eliquis et through 3/20/23. Furt record (including the March 2023 nurses' number of the anticoagulant for the set of the set</li></ul>	<ul> <li>coxycodone and</li> <li>I #2 stated that if R97</li> <li>ated as three then the</li> <li>lministered Tylenol</li> <li>PN #3 stated oxycodone</li> <li>stered for pain rated as three</li> <li>ne parameter is pain rated</li> <li>m., ASM (administrative</li> <li>administrator) and ASM #2</li> <li>services) were made aware</li> <li>.</li> <li>d, "Pain Management in the</li> <li>ng" documented, "When</li> <li>th a drug appropriate to the</li> </ul>	F 75	7 set. c)audits of medication with par weekly x4 and then monthly for year.Findings wil be reported to committee bimonthly. 4. Monitoring The Unit Coordinator/designed complete pain rate assessment auticoagulant assessment auto x4, then monthly to ensure par medications are being administ order with parameters and all anticoagulants monitoring of s monthly. Findings will be reported to the committee bi-monthly. 5.Date The corrective action will be ca 5/05/23.	or one to QAPI e will hts and the dits weekly in stered as ide effects e QAPI

If continuation sheet Page 45 of 69

		D HUMAN SERVICES MEDICAID SERVICES				FORM	D: 04/14/2023 MAPPROVED D. 0938-0391
STATEMENT C	OF DEFICIENCIES CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	ì í		CONSTRUCTION	(X3) DATE	
		495165	B. WING _			03/	23/2023
NAME OF PF	ROVIDER OR SUPPLIER			S	TREET ADDRESS, CITY, STATE, ZIP CODE		
SHENAND	OAH VALLEY WESTMIN	STER CANTERBURY			00 WESTMINSTER CANTERBURY DR VINCHESTER, VA 22603		
(X4) ID PREFIX TAG	(EACH DEFICIENC)	ATEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREFIZ TAG	×	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD E CROSS-REFERENCED TO THE APPROPRI DEFICIENCY)		(X5) COMPLETION DATE
F 757 F 758 SS=E	medication then the n blood in their stools, b petechiae (small red of caused by bleeding), On 3/22/23 at 3:53 p.1 staff member) #2 (the stated she could not p evidence the facility s side effects related to was made aware of th 5:04 p.m., ASM #1 (th aware of the above co The facility policy titled documented, "1. Observe for signs · Blood in urine or sto · Bleeding of gums, m · Small purplish, hemo · Excessive and easy · Bleeding from tumor · Confusion, change in Reference: (1) "ELIQUIS is indicated stroke and systemic en nonvalvular atrial fibri Risk: ELIQUIS increated can cause serious, po This information was https://www.eliquis.co cid=sem_2167331&07 1aa9ec1836cd151088 Free from Unnec Psy	nt takes an anticoagulant urses certainly watch for plood in their urine, or purple spots on the skin and increased bruising. m., ASM (administrative director of health services) provide documentation to taff were monitoring R98 for anticoagulant use. ASM #2 nis concern. On 3/22/23 at ne administrator) was made oncern. d, "Anticoagulant Therapy" of bleeding ol (black, tarry stools) ose orrhagic spots on skin bruising rs, ulcers, or lesions in mental status." ated to reduce the risk of embolism in patients with llation (NVAF)Bleeding ses the risk of bleeding and otentially fatal, bleeding." obtained from the website: om/eliquis/hcp/wellcareform? vl=isi&gclid=64c052d12700 84c&gclsrc=3p.ds& chotropic Meds/PRN Use		757			5/5/23
33-E	01 1((5). 400.40(0)(3)(						

Facility ID: VA0224

If continuation sheet Page 46 of 69

	MENT OF HEALTH AN S FOR MEDICARE & I	D HUMAN SERVICES				FORM	): 04/14/2023 MAPPROVED ). 0938-0391
STATEMENT (	DF DEFICIENCIES CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	i í		CONSTRUCTION	(X3) DATE	
		495165	B. WING			03/	23/2023
NAME OF PI	ROVIDER OR SUPPLIER			S	TREET ADDRESS, CITY, STATE, ZIP CODE	-	
SHENAND	OAH VALLEY WESTMIN	STER CANTERBURY			00 WESTMINSTER CANTERBURY DR VINCHESTER, VA 22603		
(X4) ID PREFIX TAG	(EACH DEFICIENC)	ATEMENT OF DEFICIENCIES / MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREFI TAG		PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD E CROSS-REFERENCED TO THE APPROPR DEFICIENCY)	BE	(X5) COMPLETION DATE
F 758	<ul> <li>§483.45(e) Psychotro</li> <li>§483.45(c)(3) A psychaffects brain activities processes and behave but are not limited to, categories:</li> <li>(i) Anti-psychotic;</li> <li>(ii) Anti-depressant;</li> <li>(iii) Anti-depressant;</li> <li>(iii) Anti-anxiety; and</li> <li>(iv) Hypnotic</li> <li>Based on a comprehereresident, the facility masses with the facility with the</li></ul>	pic Drugs. notropic drug is any drug that associated with mental ior. These drugs include, drugs in the following ensive assessment of a ust ensure that hts who have not used e not given these drugs is necessary to treat a liagnosed and documented hts who use psychotropic dose reductions, and ns, unless clinically effort to discontinue these hts do not receive irsuant to a PRN order n is necessary to treat a ndition that is documented and ders for psychotropic drugs . Except as provided in ttending physician or	F	758			

If continuation sheet Page 47 of 69

		MEDICAID SERVICES			OMB NO. 0938-03	
	DF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:			(X3) DATE SURVEY COMPLETED	
		495165	B. WING		03/23/2023	
NAME OF PI	ROVIDER OR SUPPLIER			STREET ADDRESS, CITY, STATE, ZIP CODE		
SHENAND	OOAH VALLEY WESTMIN	ISTER CANTERBURY		300 WESTMINSTER CANTERBURY DR WINCHESTER, VA 22603		
(X4) ID PREFIX TAG	(EACH DEFICIENC	ATEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTIC (EACH CORRECTIVE ACTION SHOULD CROSS-REFERENCED TO THE APPROP DEFICIENCY)	BE COMPLETIC	
F 758	Continued From page	e 47	F 758	3		
		ent's medical record and				
	drugs are limited to 1 renewed unless the a prescribing practition	er evaluates the resident for				
	the appropriateness of This REQUIREMENT by:	of that medication. is not met as evidenced				
	Based on staff interv	iew, facility document		1. Corrective Action		
	review, and clinical re			Resident #17 no longer has an o		
		acility staff failed to ensure f unnecessary psychoactive		for PRN Lorazepam. Resident #17, #98, #22 and #36 received orders to	#34,	
		f 17 residents in the survey		monitor for adverse side effects for the	ne	
		7, #34, #98, #22, and #36.		use of psychotropic drugs on 3/23/23		
		, , ,		Resident #36 had pharmacy review		
	The findings include:			conducted on 3/27/23 for gradual do reduction for use of Celexa.	se	
	1.a. For Resident #1	7 (R17), the facility staff		2. Other Potential Residents		
		e rationale for extending the		All active residents who are		
		as needed" Lorazepam		prescribed psychotropic medications		
	beyond the original 1	4 days.		potentially affected. Medication orde	r	
	On the most recent M	IDS (minimum data set), a		listing report for all psychotropic medications was ran, based on repo	rt all	
		with an ARD (assessment		residents received orders for monitor		
		1/23, R17 was coded as		adverse side effects to psychotropic	פייי	
		ively impaired for making		medications. All residents with PRN		
		esident was coded as		psychotropic medications were revie	wed	
		ntipsychotic medication six		for 14-day duration. No findings note		
		ook back period, and as		PRN psychotropic medications.		
	•	ntianxiety medication all		3.Systems Change		
	seven days of the loo	k back period.		A) All active Licensed nurses and		
				providers will be educated on order e		
		vsician orders revealed the		of all psychotropic medications will n		
		zepam Concentrate 2		to have adverse side effects included	nır	
		er milliliter) Give 0.25 ml by as needed for agitation or		the order entry. Education will also include PRN psychotropic medication	ne	
	anxiety." This order w			must have 14-day duration with a	13	

Facility ID: VA0224

If continuation sheet Page 48 of 69

		MEDICAID SERVICES				D. 0938-039
	DF DEFICIENCIES F CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	. ,			E SURVEY PLETED
		495165	B. WING		03	/23/2023
NAME OF P	ROVIDER OR SUPPLIER		S	TREET ADDRESS, CITY, STATE, ZIP CODE		
SHENAN	OOAH VALLEY WESTMIN	ISTER CANTERBURY		00 WESTMINSTER CANTERBURY DR VINCHESTER, VA 22603		
(X4) ID PREFIX TAG	(EACH DEFICIENC	ATEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORREC (EACH CORRECTIVE ACTION SHO CROSS-REFERENCED TO THE APPR DEFICIENCY)	ULD BE	(X5) COMPLETIO DATE
F 758	Continued From page	e 48	F 758			
	received as needed L January 2023, two tim once in March 2023. Further review of R17 no evidence that R17 Lorazepam was revie initial 14 days of the o On 3/22/23 at 10:29 a staff member) #2, the she could not provide as needed Lorazepar reviewed or discontin days. She stated ordi	ARs (medication s) revealed the resident Lorazepam three times in mes in February 2023, and 7's clinical record revealed ''s order for as needed ewed or renewed beyond the order. a.m., ASM (administrative e director of nursing, stated e evidence that the order for m for R17 had been nued beyond the initial 14 inarily she gets a notification		<ul> <li>B) Monthly pharmacy review by the consultant pharmacist will review a psychotropic medications quarterly seeking gradual drug reduction will documentation.</li> <li>C) The mental health provider will and recommend gradual drug reduquarterly during meetings with rest as appropriate with documentation mental health provider will meet m with our Medical Director to review and plan of care for the residents.</li> <li>4. Monitoring</li> <li>The DON/designee will review all records with psychotropic medicate effects weekly x4, then monthly for year. The DON/designee will review</li> </ul>	all y th review uction idents n. The nonthly v orders medical tions to erse side r one ew	
	medication orders for to make sure any as medication orders ha On 3/22/23 at 12:02 p director, was interview aware that Lorazepar as an as need medicat can be renewed or le "Someone should hav to review the medicat was doing on it." She on a PRN (as needed either be discontinued On 3/22/23 at 4:30 p.	ve a 14 day stop date. b.m., ASM #4, the medical wed. She stated she is m is limited to 14 days of use ation. She stated: "I know it ngthened. She stated: ve told me in a week or two tion and to see how [R17] added: "You shouldn't stay d medication). It should d or scheduled." m., ASM #1, the 2, and ASM #3, the chief		monthly the pharmacy medication reviews to determine the gradual of reduction is being addressed for the active residents on psychotropic medications. 5.Date The corrective action will be comp 5/05/23.	drug he	

If continuation sheet Page 49 of 69

	-	ID HUMAN SERVICES MEDICAID SERVICES			FOR	D: 04/14/2023 MAPPROVED O. 0938-0391
STATEMENT (	DF DEFICIENCIES CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	. ,		(X3) DAT	E SURVEY IPLETED
		495165	B. WING		03	3/23/2023
NAME OF PI	ROVIDER OR SUPPLIER		s	TREET ADDRESS, CITY, STATE, ZIP		
			3	00 WESTMINSTER CANTERBUR	Y DR	
SHENANL	OOAH VALLEY WESTMIN	STER CANTERBURY	v	VINCHESTER, VA 22603		
(X4) ID PREFIX TAG	(EACH DEFICIENC)	ATEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN ( (EACH CORRECTIVE A CROSS-REFERENCED TO DEFICIE	CTION SHOULD BE O THE APPROPRIATE	(X5) COMPLETION DATE
F 758	Continued From page	9 49	F 758			
	part: "A PRN (as necession should be used: to titr dose UP, to achieve sto to avoid side effects; or gradual dose reduction harmful behaviors that staff's safety that cannot if such behaviors remiseven days, reassess indicated." No further information (1) "Lorazepam (brannot relieve anxiety. Lorazo medications called be slowing activity in the relaxation." This information website	chotropics," revealed, in essary) antipsychotic agent rate the resident's total daily symptoms relief; or DOWN, or DOWN, to effect a on; or to manage unexpected at may affect the residents or not be controlled otherwise. ain unmanageable after sment of the resident is on was provided prior to exit. d name Ativan) is used to epam is in a class of enzodiazepines. It works by				
		ity staff failed to monitor the ide effects of Risperdal (2)				
	following orders: "Risperdal Tablet 0.5	rsician orders revealed the MG (risperidone) Give 1 dtime for hallucinations and r was dated 1/25/21.				
	"Lorazepam Intensol (Lorazepam) Give 0.2 morning." This order v					

Facility ID: VA0224

If continuation sheet Page 50 of 69

	-	ID HUMAN SERVICES MEDICAID SERVICES				FORM	D: 04/14/2023 MAPPROVED D. 0938-0391
STATEMENT C	DF DEFICIENCIES CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	, <i>i</i>		E CONSTRUCTION	(X3) DATE	
		495165	B. WING			03/	23/2023
NAME OF PF	ROVIDER OR SUPPLIER			S	STREET ADDRESS, CITY, STATE, ZIP CODE		
SHENAND	OOAH VALLEY WESTMIN	STER CANTERBURY			800 WESTMINSTER CANTERBURY DR WINCHESTER, VA 22603		
(X4) ID PREFIX TAG	(EACH DEFICIENC)	ATEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREFI TAG		PROVIDER'S PLAN OF CORRECTIO (EACH CORRECTIVE ACTION SHOULD CROSS-REFERENCED TO THE APPROP DEFICIENCY)	BE	(X5) COMPLETION DATE
F 758	Continued From page	• 50	F	758			
	resident received Risp ordered in January 20 March 2023. A review of R17's com revealed, in part: "Mo for safety. The reside meds which are asso- of confusion, amnesia cognitive impairment increases risk of falls, portion of the care pla and updated 8/6/21. The in part: "Monitor/docu adverse reactions of F medications: unstead EPS (extrapyramidal rigid muscles, shaking eat, difficulty swallow suicidal ideations, sood diarrhea, fatigue, inso- weight loss, muscle c behavior symptoms n portion of the care pla On 3/22/23 at 8:12 a. could not provide evid had been monitoring to Lorazepam and Rispe staff should be monitor make sure residents a	PSYCHOTROPIC y gait, tardive dyskinesia, side effects) (shuffling gait, g), frequent falls, refusal to ng, dry mouth, depression, cial isolation, blurred vision, omnia, loss of appetite, ramps nausea, vomiting, ot usual to the person." This an was initiated on 1/20/22. m., ASM #2 stated she dence that the facility staff for side effects for the erdal. She stated they facility oring for side effects to are not experiencing m medications that are					
	#1 was interviewed. S	m., RN (registered nurse) She stated when a resident pactive medication, the					

Facility ID: VA0224

If continuation sheet Page 51 of 69

						0. 0938-039
	DF DEFICIENCIES CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:			· · ·	E SURVEY PLETED
		495165	B. WING		03	3/23/2023
NAME OF P	ROVIDER OR SUPPLIER			STREET ADDRESS, CITY, STATE, ZIP CODE		
SHENAND	OOAH VALLEY WESTMIN	NSTER CANTERBURY		300 WESTMINSTER CANTERBURY DR WINCHESTER, VA 22603		
(X4) ID PREFIX TAG	(EACH DEFICIENC	ATEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRE (EACH CORRECTIVE ACTION SHI CROSS-REFERENCED TO THE APP DEFICIENCY)	OULD BE	(X5) COMPLETIO DATE
F 758	Continued From page	e 51	F 75	8		
		ident carefully to see how				
		nding. She stated there is no				
		r this kind of monitoring.				
	On 3/22/23 at 4:30 p					
		2, and ASM #3, the chief				
	operating officer, wer concerns.	re informed of these				
	A review of the facility Chemical and Antips	y policy, "Restraints, ychotropics," revealed, in				
		iors, nursing interventions				
		medication side effects will				
	be monitored each sl electronic medical re	hift and documented on the cord."				
	No further information	n was provided prior to exit.				
		neric for Risperdal) is used to				
		f schizophrenia (a mental sturbed or unusual thinking,				
		, and strong or inappropriate				
		nd teenagers 13 years of				
		so used to treat episodes of				
		ormally excited, or irritated				
		odes (symptoms of mania				
	· ·	happen together) in adults I children 10 years of age				
		r disorder (manic depressive				
		nat causes episodes of				
	depression, episodes					
	,	speridone is also used to				
	self-injury, and sudde	ms such as aggression,				
		en 5 to 16 years of age who				
		tion that causes repetitive				
	behavior, difficulty inf	teracting with others, and				
		unication). Risperidone is in				
	a class of medication	is called atypical				

Facility ID: VA0224

If continuation sheet Page 52 of 69

	-	D HUMAN SERVICES MEDICAID SERVICES				FORM	): 04/14/2023 MAPPROVED ). 0938-0391
STATEMENT (	DF DEFICIENCIES CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	· · /	E CONSTRUCTION		(X3) DATE	
		495165	B. WING		-	03/	23/2023
NAME OF PI	ROVIDER OR SUPPLIER		1	STREET ADDRESS, CITY, STA	ATE, ZIP CODE		
SHENAND	OOAH VALLEY WESTMIN	STER CANTERBURY		300 WESTMINSTER CANTE WINCHESTER, VA 22603			
(X4) ID PREFIX TAG	(EACH DEFICIENC)	ATEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREFIX TAG	(EACH CORREC CROSS-REFEREN	PLAN OF CORRECTION TIVE ACTION SHOULD BE ICED TO THE APPROPRIA EFICIENCY)		(X5) COMPLETION DATE
F 758	certain natural substa information is taken fr https://medlineplus.go tml. 2. For Resident #34 (f to monitor the residen Lorazepam (1) and C On the most recent M quarterly assessment reference date) of 12/ being moderately imp decisions, having sco BIMS (brief interview resident was coded at antianxiety medication medication on all seve period. A review of R34's phy following: "Celexa Tablet 10 MG Hydrobromide) Give 1 tablet by mout anxiety." This order w "Lorazepam Oral Tabl Give 1 tablet by mout This order was dated A review of R34's Mat administration record) Lorazepam had been each day.	ks by changing the activity of nces in the brain." This om the website by/druginfo/meds/a694015.h R34), the facility staff failed at for adverse side effects of elexa (2). DS (minimum data set), a with an ARD (assessment 10/22, R34 was coded as aired for making daily red eight out of 15 on the for mental status). The s having received an n and an antidepressant en days of the look back rsician orders revealed the a (milligram) (Citalopram h in the morning for as dated 9/2/22. let 0.5 MG (Lorazepam) h before meals for tremors."	F 75	8			

Facility ID: VA0224

If continuation sheet Page 53 of 69

	-	ID HUMAN SERVICES MEDICAID SERVICES					FORM	): 04/14/2023 MAPPROVED ). 0938-0391
STATEMENT (	DF DEFICIENCIES CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	· <i>`</i>		E CONSTRUCTION		(X3) DATE	
		495165	B. WING			-	03/	23/2023
NAME OF P	ROVIDER OR SUPPLIER			S	STREET ADDRESS, CITY, ST	ATE, ZIP CODE		
SHENAND	OOAH VALLEY WESTMIN	STER CANTERBURY			300 WESTMINSTER CANTE WINCHESTER, VA 2260			
(X4) ID PREFIX TAG	(EACH DEFICIENC)	ATEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREF TAG		(EACH CORREC CROSS-REFEREN	PLAN OF CORRECTION CTIVE ACTION SHOULD BI ICED TO THE APPROPRIA DEFICIENCY)		(X5) COMPLETION DATE
F 758	(as needed) any advert ANTI-ANXIETY therap energy, clumsiness, s speech, confusion and dizziness, lightheaded judgment, memory los stomach upset, blurre UNEXPECTED SIDE rage, aggressive or in hallucinations." This in 9/19/22. On 3/22/23 at 8:12 a.t staff member) #2, the stated she could not p staff had been monito the Celexa and Loraz staff wants to make co having any adverse re would require a chang of medication. She sta responsibility to monit symptoms that a reside a medication. On 3/22/23 at 1:13 p.t #1 was interviewed. S first goes on a psycho nurses watch the resid the resident is respon protocol or routine for On 3/22/23 at 4:30 p.t administrator, ASM #2 operating officer, were concerns.	nitor/document/report PRN erse reactions to py: Drowsiness, lack of slow reflexes, Slurred d disorientation, depression, dness, impaired thinking and ss, forgetfulness, nausea, ed or double vision. EFFECTS: Mania, hostility, npulsive behavior, ntervention was initiated m., ASM (administrative e director of health services, provide evidence that the oring R34 for side effects of repam. She stated the facility ertain the resident is not eactions to a medication that ge in the dosage or the type ated it is the facility's tor consistently for signs and dent is reacting adversely to m., RN (registered nurse) She stated when a resident pactive medication, the dent carefully to see how iding. She stated there is no this kind of monitoring. m., ASM #1, the 2, and ASM #3, the chief	F	758				

If continuation sheet Page 54 of 69

		ND HUMAN SERVICES MEDICAID SERVICES				FOF	ED: 04/14/2023 RM APPROVED IO. 0938-0391
STATEMENT (	DF DEFICIENCIES CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	· /		E CONSTRUCTION	(X3) DA1	E SURVEY IPLETED
		495165	B. WING			0	3/23/2023
NAME OF PI	ROVIDER OR SUPPLIER			s	STREET ADDRESS, CITY, STATE, ZIP CODE		
SHENAND	OAH VALLEY WESTMIN	ISTER CANTERBURY			00 WESTMINSTER CANTERBURY DR		
				V	VINCHESTER, VA 22603		
(X4) ID PREFIX TAG	(EACH DEFICIENC	ATEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL LSC IDENTIFYING INFORMATION)	ID PREF TAG		PROVIDER'S PLAN OF CORRECT (EACH CORRECTIVE ACTION SHOU CROSS-REFERENCED TO THE APPRO DEFICIENCY)	_D BE	(X5) COMPLETION DATE
F 758	Continued From page	e 54	F	758			
	relieve anxiety. Loraz medications called be slowing activity in the relaxation." This infor website https://medlineplus.ge tml. (2) "Citalopram is use Citalopram is in a cla selective serotonin re works by increasing t natural substance in mental balance." This the website	enzodiazepines. It works by					
	to monitor the resider	(R98), the facility staff failed nt for adverse side effects ant medication duloxetine					
	physician's order date mg (milligrams) in the review of R98's Marc administration record administered duloxet from 3/16/23 through R98's clinical record	nical record revealed a ed 3/15/23 for duloxetine 30 e morning for depression. A h 2023 MAR (medication ) revealed the resident was ine 30 mg every morning 3/20/23. Further review of failed to reveal the resident de effects from duloxetine.					
	conducted with LPN LPN #2 stated that w	a.m., an interview was (licensed practical nurse) #2. hen a resident receives an cation, nurses should look to					

If continuation sheet Page 55 of 69

		MEDICAID SERVICES				IO. 0938-039
	DF DEFICIENCIES CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:				TE SURVEY MPLETED
		495165	B. WING		0	3/23/2023
NAME OF PI	ROVIDER OR SUPPLIER		S	TREET ADDRESS, CITY, STATE, ZIP CODE		
SHENAND	OOAH VALLEY WESTMIN	ISTER CANTERBURY		00 WESTMINSTER CANTERBURY DR VINCHESTER, VA 22603		
(X4) ID PREFIX TAG	(EACH DEFICIENC	ATEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORF (EACH CORRECTIVE ACTION S CROSS-REFERENCED TO THE AI DEFICIENCY)	HOULD BE	(X5) COMPLETIO DATE
F 758	Continued From page	e 55	F 758			
	ensure the medication issues.	n isn't causing any harm or				
	staff member) #2 (the stated she could not p evidence the facility s side effects related to #2 was made aware of	m., ASM (administrative e director of health services) provide documentation to taff were monitoring R98 for antidepressant use. ASM of this concern. On 3/22/23 (the administrator) was pove concern.				
	adults. Some side eff unusual bruising or bl pain in the upper righ swelling of the abdom skin or eyes, dark col extreme tiredness or unsteady walking that flu-like symptoms, ag confusion, fast or irree muscle stiffness or tw nausea, vomiting, or hallucinations (seeing that do not exist), blis hives, difficulty breath of the face, throat, tor ankles, or lower legs, urinating" This info the website:	eeding, t part of the stomach, nen, itching, yellowing of the ored urine, loss of appetite, weakness, confusion, t may cause falling, itation, fever, sweating, gular heartbeat, and severe vitching, loss of coordination,				
	to monitor the resider	(R22), the facility staff failed nt for adverse side effects Seroquel (1) and Cymbalta				

If continuation sheet Page 56 of 69

	S FOR MEDICARE &		()(0)			<u>D. 0938-03</u>
	DF DEFICIENCIES CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	. ,		· · ·	E SURVEY PLETED
		495165	B. WING		03	/23/2023
NAME OF PI	ROVIDER OR SUPPLIER			STREET ADDRESS, CITY, STATE, ZIP CODE		
SHENAND	OOAH VALLEY WESTMIN	ISTER CANTERBURY		300 WESTMINSTER CANTERBURY DR WINCHESTER, VA 22603		
(X4) ID PREFIX TAG	(EACH DEFICIENC	ATEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORREC (EACH CORRECTIVE ACTION SHO CROSS-REFERENCED TO THE APPF DEFICIENCY)	ULD BE	(X5) COMPLETIC DATE
F 758	Continued From page	∋ 56	F 75	8		
	<ul> <li>"Seroquel Tablet 25 Fumarate) Give 0.5 ta morning for hallucinati 12/19/2022. Start Da</li> <li>"Seroquel Tablet 25 Give 1 tablet by mout Hallucinations, unspective 11/17/2022. Start Da</li> <li>"Cymbalta Capsule 30 MG (Duloxetine H in the morning related Disorder, Recurrent, Disorder, Unspecified Start Date: 12/08/2022</li> <li>The eMARs (electron records) dated 1/1/20 2/1/2023-2/28/2023 a R22 documented the Seroquel and Cymba 3/22/2023.</li> <li>The comprehensive of documented in part, " antidepressant medic with dx. (diagnoses) of disorder with depress</li> </ul>	tions. Order Date: tte: 12/20/2022." MG (Quetiapine Fumarate) th at bedtime related to crified. Order Date: te: 11/17/2022." Delayed Release Particles CI) Give 1 capsule by mouth a to Major Depressive Unspecified; Anxiety 1. Order Date: 12/07/2020. 20." tic medication administration 123-1/31/2023, and 3/1/2023-3/31/2023 for resident having received the Ita as ordered daily through care plan for R22 [Name of R22] uses cation Cymbalta. Resident of anxiety and adjustment ted mood. Date Initiated: n on: 02/01/2023." Under				
	adverse reactions to <i>i</i> change in behavior/m hallucinations/delusio thoughts, withdrawal; daily living) ability, co	ns; social isolation, suicidal decline in ADL (activities of				

If continuation sheet Page 57 of 69

	S FOR MEDICARE &	(X1) PROVIDER/SUPPLIER/CLIA	(X2) MULTIPL	E CONSTRUCTION		NO. 0938-03 TE SURVEY
	CORRECTION	IDENTIFICATION NUMBER:			· · ·	MPLETED
		495165	B. WING		0	3/23/2023
NAME OF PF	ROVIDER OR SUPPLIER	•	- <b>·</b> [	STREET ADDRESS, CITY, STATE, ZIP COD	Ē	
SHENAND	OAH VALLEY WESTMIN	ISTER CANTERBURY		300 WESTMINSTER CANTERBURY DR WINCHESTER, VA 22603		
(X4) ID PREFIX TAG	(EACH DEFICIENC	ATEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CO (EACH CORRECTIVE ACTION CROSS-REFERENCED TO THE DEFICIENCY)	SHOULD BE	(X5) COMPLETIO DATE
F 758	Continued From page	e 57	F 758	3		
	(problems), movemer	nt problems, tremors,				
	-	dizziness/vertigo; fatigue,				
		ss, wt (weight) loss, n/v				
		y mouth, dry eyes.  Date "  The care plan also				
		of R22] uses antipsychotic				
		r/t hallucinations. Date				
		Revision on: 02/02/2023."				
		it documented in part,				
		report PRN any adverse opic medications: unsteady				
		ia, EPS (shuffling gait, rigid				
		equent falls, refusal to eat,				
		dry mouth, depression,				
		cial isolation, blurred vision,				
		omnia, loss of appetite,				
		ramps nausea, vomiting, ot usual to the person. Date				
		" The care plan further				
		a mood problem r/t Major				
		Anxiety Disorder and				
		Date Initiated: 01/19/2023.				
		023." Under "Interventions"				
		, "Administer medications as ument for side effects and				
		nitiated: 01/19/2023 Date				
	Initiated: 01/19/2023.					
	On 3/22/2023 at 10:2	5 a.m., ASM (administrative				
	staff member) #2, the	director of health services				
		ot have any evidence that				
	-	een monitoring for side				
		iel and Cymbalta for R22. nonitoring should be done				
		ware of this and it would be				
	corrected.					
		6 a.m., an interview was				

If continuation sheet Page 58 of 69

			0.00			10.0938-03
	DF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	. ,	PLE CONSTRUCTION		TE SURVEY MPLETED
		495165	B. WING		0	3/23/2023
NAME OF PI	ROVIDER OR SUPPLIER			STREET ADDRESS, CITY, STATE, ZIP CODE		
SHENAND	OOAH VALLEY WESTMIN	ISTER CANTERBURY		300 WESTMINSTER CANTERBURY DR WINCHESTER, VA 22603		
(X4) ID PREFIX TAG	(EACH DEFICIENC	ATEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORI (EACH CORRECTIVE ACTION S CROSS-REFERENCED TO THE A DEFICIENCY)	HOULD BE	(X5) COMPLETIO DATE
F 758	Continued From page	e 58	F 75	58		
		sychotropic medications				
		by staff to ensure residents				
		e effects from them. LPN #2				
		ld do this to make sure that				
	the treatment they we	ere providing was not				
		ues to the resident. LPN #2				
	-	not had a system in place for				
		ssants, antipsychotics and				
	antianxiety medicatio	ns.				
	On 2/22/2022 at 2:22	nm ACM#1 the				
	On 3/22/2023 at 2:33	2, the director of health				
		e chief operating officer and				
		are unit coordinator were				
	made aware of the al					
	No further information	n was provided prior to exit.				
	Reference:					
	(1) Seroquel					
	Quetiapine tablets an	id extended-release				
	(long-acting) tablets a					
		hrenia (a mental illness that				
		unusual thinking, loss of				
	interest in life, and st					
	emotions). Quetiapin					
		lets are also used alone or is to treat episodes of mania				
		excited or irritated mood) or				
		s with bipolar disorder				
		sorder; a disease that				
		lepression, episodes of				
		ormal moods). In addition,				
		d extended-release tablets				
		nedications to prevent				
		depression in patients with				
		tiapine extended-release				
	tablets are also used					
	medications to treat o	nonrossion ()liptioning	1			1

Facility ID: VA0224

If continuation sheet Page 59 of 69

SHENANDOAH VALLEY WESTMINSTER CANTERBURY       (X4)ID PREFIX TAG     SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)     ID PREFIX TAG     ID PREFIX TAG     P PREFIX TAG     ID PREFIX TAG     F 758       F 758     Continued From page 59 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.h tml     F 758       (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	COMPLETED 03/23/2023 CITY, STATE, ZIP CODE CANTERBURY DR VA 22603 OVIDER'S PLAN OF CORRECTION I CORRECTIVE ACTION SHOULD BE REFERENCED TO THE APPROPRIATE DEFICIENCY)
NAME OF PROVIDER OR SUPPLIER       STREET ADDRES         SHENANDOAH VALLEY WESTMINSTER CANTERBURY       300 WESTMINS' WINCHESTER         (X) ID PREFIX       SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY UNST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)       D PREFIX TAG       D PREFIX         F 758       Continued From page 59 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.h tml       F 758         (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 tendermess, 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	CITY, STATE, ZIP CODE CANTERBURY DR VA 22603 OVIDER'S PLAN OF CORRECTION CORRECTIVE ACTION SHOULD BE REFERENCED TO THE APPROPRIATE
SHENANDOAH VALLEY WESTMINSTER CANTERBURY       (X4)ID PREFIX TAG     SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)     ID PREFIX TAG     ID PREFIX TAG     P PREFIX TAG     P PREFIX TAG     ID PREFIX TAG     F 758       F 758     Continued From page 59 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.h tml     F 758       (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 tendemess, 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	CITY, STATE, ZIP CODE CANTERBURY DR VA 22603 OVIDER'S PLAN OF CORRECTION CORRECTIVE ACTION SHOULD BE REFERENCED TO THE APPROPRIATE
SHENANDOAH VALLEY WESTMINSTER CANTERBURY       WINCHESTER         (X4) ID PREFIX TAG       SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)       ID PREFIX TAG       ID PREFIX REGULATORY OR LSC IDENTIFYING INFORMATION)         F 758       Continued From page 59 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.h tml         (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 tendemess, 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	VA 22603 OVIDER'S PLAN OF CORRECTION (X5) CORRECTIVE ACTION SHOULD BE REFERENCED TO THE APPROPRIATE
PREFIX TAG       (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)       PREFIX TAG       CROS         F 758       Continued From page 59       F 758       F 758         Continued From page 59       F 758       F 758         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.h tml       Image: Comparison of the term of the term of	I CORRECTIVE ACTION SHOULD BE COMPLETIN REFERENCED TO THE APPROPRIATE DATE
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.h         tml         (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	
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.h         tml         (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         tendermess, 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	
<ul> <li>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.h tml</li> <li>(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 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</li> </ul>	
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.h tml         (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	
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class of medications called selective serotonin and norepinephrine reuptake inhibitors (SNRIs). It	
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	1
information was obtained from the website:	
https://medlineplus.gov/druginfo/meds/a604030.h tml	
5. For Resident #36 (R36), the facility staff failed to evidence the resident was monitored for	

If continuation sheet Page 60 of 69

		ID HUMAN SERVICES MEDICAID SERVICES				FOR	D: 04/14/2023 MAPPROVED O. 0938-0391
STATEMENT O	DF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	` '		DNSTRUCTION		E SURVEY IPLETED
		495165	B. WING _			03	3/23/2023
NAME OF PI	ROVIDER OR SUPPLIER	1		STRE	EET ADDRESS, CITY, STATE, ZIP CODE		
SHENAND				300	WESTMINSTER CANTERBURY DR		
SHENANDOAH VALLEY WESTMINSTER CANTERBURY				WIN	ICHESTER, VA 22603		
(X4) ID PREFIX TAG	(EACH DEFICIENC	ATEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL LSC IDENTIFYING INFORMATION)	ID PREFI) TAG	ĸ	PROVIDER'S PLAN OF CORRECTI (EACH CORRECTIVE ACTION SHOUL CROSS-REFERENCED TO THE APPRO DEFICIENCY)	.D BE	(X5) COMPLETION DATE
F 758	<ul> <li>(1), and failed to cond (gradual dose reducti was contraindicated.</li> <li>The physician orders - "Celexa 20mg (millig the morning related to Disorder, recurrent un 8/27/2021."</li> <li>The eMARs (electron records) dated 1/1/20 2/1/2023-2/28/2023 at R36 documented the Celexa as ordered dat</li> <li>The comprehensive of documented in part, ' antidepressant medicion: 02/28/2022." Uno documented in part, ' PRN (as needed) ado Antidepressant therai behavior/mood/cogni hallucinations/delusion thoughts, withdrawal; daily living) ability, com</li> </ul>	related to prescribed Celexa duct a review for a GDR for R36 document that a GDR is Major Depressive hspecified. Order Date: http://www.approx/approx	F	758			
	(problems), movemen muscle cramps, falls; insomnia; appetite los (nausea/vomiting), dr Initiated: 2/28/2022 documented, "I have Depressive Disorder.						

Facility ID: VA0224

If continuation sheet Page 61 of 69

PRINTED: 04/14/2023 FORM APPROVED

	-	D HUMAN SERVICES MEDICAID SERVICES				FOR	D: 04/14/2023 MAPPROVED O. 0938-0391
STATEMENT C	OF DEFICIENCIES CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	· ,		E CONSTRUCTION	(X3) DAT	E SURVEY PLETED
		495165	B. WING			03	8/23/2023
NAME OF PF	ROVIDER OR SUPPLIER			S	STREET ADDRESS, CITY, STATE, ZIP CODE		
SHENAND	OAH VALLEY WESTMIN	STER CANTERBURY			300 WESTMINSTER CANTERBURY DR WINCHESTER, VA 22603		
(X4) ID PREFIX TAG	(EACH DEFICIENC)	ATEMENT OF DEFICIENCIES / MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREF TAG		PROVIDER'S PLAN OF CORRECT (EACH CORRECTIVE ACTION SHOL CROSS-REFERENCED TO THE APPRO DEFICIENCY)	LD BE	(X5) COMPLETION DATE
F 758	ordered. Monitor/docu effectiveness. Date II On 3/22/2023 at 10:23 staff member) #2, the stated that they did not the facility staff had be effects for the Celexa that they did not have GDR of the Celexa fo monitoring should be aware of this and it we On 3/22/2023 at 10:50 conducted with LPN ( LPN #2 stated that ps should be monitored B did not have any side stated that they shoul the treatment they we causing any other issu stated that they had n monitoring antidepress antianxiety medication On 3/22/2023 at 2:33 administrator, ASM #3, the LPN #2, the health ca made aware of the ab On 3/22/2023 at appr #2 stated that they had consultant pharmacis evidence of a review f Celexa for R36.	"Administer medications as iment for side effects and hitiated: 02/10/2023" 5 a.m., ASM (administrative director of health services of have any evidence that een monitoring for side for R36. ASM #2 stated evidence of a review for a r R36. ASM #2 stated that done and they now were build be corrected. 6 a.m., an interview was licensed practical nurse) #2. ychotropic medications by staff to ensure residents effects from them. LPN #2 d do this to make sure that re providing was not ues to the resident. LPN #2 ot had a system in place for sants, antipsychotics and ns. p.m., ASM #1, the 2, the director of health a chief operating officer and re unit coordinator were love concern.	F	758			

If continuation sheet Page 62 of 69

	MENT OF HEALTH AN S FOR MEDICARE & I	D HUMAN SERVICES				FORM	D: 04/14/2023 MAPPROVED D. 0938-0391
STATEMENT O	DF DEFICIENCIES CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	· /		CONSTRUCTION	(X3) DATE	
		495165	B. WING _			03/	/23/2023
NAME OF PI	ROVIDER OR SUPPLIER			ST	REET ADDRESS, CITY, STATE, ZIP CODE		
SHENAND	OOAH VALLEY WESTMIN	STER CANTERBURY			0 WESTMINSTER CANTERBURY DR INCHESTER, VA 22603		
(X4) ID PREFIX TAG	(EACH DEFICIENC)	ATEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREFI) TAG	(	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD E CROSS-REFERENCED TO THE APPROPRI DEFICIENCY)		(X5) COMPLETION DATE
F 758	Continued From page	62	F 7	758			
F 812 SS=D	selective serotonin ret works by increasing the natural substance in the mental balance. This from the website: https://medlineplus.go tml Food Procurement,Str CFR(s): 483.60(i)(1)(2 §483.60(i) Food safet The facility must - §483.60(i)(1) - Procure approved or considered state or local authoritie (i) This may include for from local producers, and local laws or regu (ii) This provision does facilities from using pr gardens, subject to co safe growing and food (iii) This provision does from consuming foods §483.60(i)(2) - Store, serve food in accorda standards for food ser This REQUIREMENT by: Based on observation	es of antidepressants called uptake inhibitors (SSRIs). It ne amount of serotonin, a he brain that helps maintain information was obtained ov/druginfo/meds/a699001.h ore/Prepare/Serve-Sanitary 2) y requirements. e food from sources ed satisfactory by federal, es. bod items obtained directly subject to applicable State ulations. s not prohibit or prevent roduce grown in facility ompliance with applicable d-handling practices. es not preclude residents s not procured by the facility. prepare, distribute and nce with professional	Fε	312	1) Corrective action: Food safety policy updated and reviewed by Dining		5/5/23

Facility ID: VA0224

If continuation sheet Page 63 of 69

	DF DEFICIENCIES	MEDICAID SERVICES		PLE CONSTRUCTION	OMB NO. 0938-03 (X3) DATE SURVEY
	CORRECTION	IDENTIFICATION NUMBER:	. ,	G	COMPLETED
		495165	B. WING		03/23/2023
NAME OF P	ROVIDER OR SUPPLIER			STREET ADDRESS, CITY, STATE, ZIP	CODE
SHENANDOAH VALLEY WESTMINSTER CANTERBURY         (X4) ID       SUMMARY STATEMENT OF DEFICIENCIES				300 WESTMINSTER CANTERBURY WINCHESTER, VA 22603	' DR
(X4) ID PREFIX TAG	(EACH DEFICIENC	ATEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN O (EACH CORRECTIVE AC CROSS-REFERENCED TO DEFICIEN	TION SHOULD BE COMPLETION SHOULD BE DATE
F 812	Continued From page	e 63	F 81	12	
		nner in one of four kitchens,		management and Dining	Service Staff.
	the Wisteria kitchen.	,		Staff education to stress t	
	<b></b>			of always labeling food wi	th product
	The findings include:			name, date and time.	to to be offected.
	The facility staff failed	to label and date a		2) Potential for all residen Signs will be posted on al	
		I tuna salad observed in the		and freezers in every hea	
	Wisteria kitchen.			as visual reminders to sta	
				safety policy for changes	regarding label
	-	m., observation of the		and dating	
		conducted with OSM (other		3) Systems change and in	
	, ,	e dining services manager). prepared tuna salad was		oversight of deficiency: independent contractors v	Outside
		erator. The container did		food safety compliance as	
		ocumenting the contents or		report findings to Food Se	
	the date. OSM #1 ide	entified the contents as tuna		management of SVWC. C	
	salad and discarded i	t.		be monitored by food service	
				management daily at the	conclusion of the
	On 3/21/23 at 4:25 p.	-		shift.	toff stores
		#1. OSM #1 stated the s should be labeled on the		4) Monitoring: When s contents in refrigerators the	staff stores
	· ·	stated this should be done		covered with the name of	-
	in case there is a nee			and time of storage as we	
	product.			expiration date. Staff have	
				on this, signs have been	
		m., ASM (administrative		refrigerators and freezers	
		e administrator) and ASM #2		take place immediately ar	
	of the above concern	services) were made aware		onboarding as well as par review. Outside independ	
				will continue to inspect. S	
	The facility policy title	d, "Food Safety"		daily/weekly inspections v	
	documented, "10. All	foods prepared in operation		house at random times by	· · · · · · · · · · · · · · · · · · ·
		labeled as to the contents		services team to ensure o	
	and date of preparation			compliance, and food iten	
		zers. Labels for potentially must include time of		compliance will be discard	
	storage."			education will be updated 5: Date of completion: Th	
	clorago.			ongoing but all systems a	
				will be fully in place by 5/0	

Facility ID: VA0224

If continuation sheet Page 64 of 69

		MEDICAID SERVICES (X1) PROVIDER/SUPPLIER/CLIA		CONSTRUCTION		O. 0938-039
	CORRECTION	IDENTIFICATION NUMBER:			· · ·	E SURVEY IPLETED
		495165	B. WING		03	3/23/2023
NAME OF PI	ROVIDER OR SUPPLIER		ST	IREET ADDRESS, CITY, STATE, ZIP CODE	E	
SHENAND	OOAH VALLEY WESTMIN	STER CANTERBURY		00 WESTMINSTER CANTERBURY DR /INCHESTER, VA 22603		
(X4) ID PREFIX TAG	(EACH DEFICIENC)	ATEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF COR (EACH CORRECTIVE ACTION CROSS-REFERENCED TO THE A DEFICIENCY)	SHOULD BE	(X5) COMPLETION DATE
F 842 SS=D	Resident Records - Id CFR(s): 483.20(f)(5),		F 842			5/5/23
	<ul> <li>(i) A facility may not reresident-identifiable to resident-identifiable to accordance with a collagrees not to use or cexcept to the extent th to do so.</li> <li>§483.70(i) Medical reasides a standard must maintain medicat that are-</li> <li>(i) Complete;</li> <li>(ii) Accurately docume (iii) Readily accessible (iv) Systematically org</li> <li>§483.70(i)(2) The faciall information contair regardless of the form records, except when (i) To the individual, or persentative where (ii) Required by Law;</li> <li>(iii) For treatment, pay operations, as permitti with 45 CFR 164.506 (iv) For public health a neglect, or domestic value of the standard form the standard form restored by the standard form restored by the standard form restored by the standard form the standard fo</li></ul>	lease information that is o an agent only in intract under which the agent disclose the information he facility itself is permitted cords. dance with accepted is and practices, the facility al records on each resident ented; e; and ganized lity must keep confidential hed in the resident's records, nor storage method of the release is- r their resident permitted by applicable law; yment, or health care ted by and in compliance ; activities, reporting of abuse, violence, health oversight administrative proceedings, poses, organ donation				

Facility ID: VA0224

If continuation sheet Page 65 of 69

		ND HUMAN SERVICES MEDICAID SERVICES			PRINTED: 04/14/20 FORM APPROV OMB NO. 0938-03	
	DF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	. ,	E CONSTRUCTION	(X3) DATE SURVEY COMPLETED	
		495165	B. WING		03/23/2023	
NAME OF PI	ROVIDER OR SUPPLIER			STREET ADDRESS, CITY, STATE, ZIP CODE		
SHENAND	OAH VALLEY WESTMIN	ISTER CANTERBURY	300 WESTMINSTER CANTERBURY DR			
(X4) ID SUMMARY STATEMENT OF DEFICIENCIES			I	WINCHESTER, VA 22603		
(X4) ID PREFIX TAG	(EACH DEFICIENC	ATEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTIO (EACH CORRECTIVE ACTION SHOULD CROSS-REFERENCED TO THE APPROP DEFICIENCY)	BE COMPLETIC	
F 842	Continued From page	e 65	F 842			
		with 45 CFR 164.512.				
		ility must safeguard medical jainst loss, destruction, or				
	§483.70(i)(4) Medica for-	l records must be retained				
	(ii) Five years from th there is no requireme	ars after a resident reaches				
	<ul> <li>(i) Sufficient informati</li> <li>(ii) A record of the res</li> <li>(iii) The comprehensi provided;</li> <li>(iv) The results of any and resident review e determinations condu- (v) Physician's, nurse</li> </ul>	ucted by the State; s, and other licensed				
	services reports as re This REQUIREMENT by:	logy and other diagnostic equired under §483.50. Γ is not met as evidenced				
	and clinical record re to maintain a comple	riew, facility document review view, the facility staff failed te and accurate clinical residents in the survey 4.		<ol> <li>Corrective Action         Nurse entered a late entry progr note of the reason for the refusal of pressure injury from 3/7/23. Resider has had weekly pressure injury assessments and documentation as     </li> </ol>		
	The findings include:			evident by EMR. 2.Other Potential Residents		
		<ol> <li>the facility staff failed to nt's refusal of a pressure</li> <li>3/7/23.</li> </ol>		All residents who have pressure injur are potentially affected. An audit was conducted on the one resident with a	s	

Facility ID: VA0224

If continuation sheet Page 66 of 69

PRINTED: 04/14/2023

TATEMENT	OF DEFICIENCIES	MEDICAID SERVICES (X1) PROVIDER/SUPPLIER/CLIA	(X2) MULTIPI	LE CONSTRUCTION	(X3) D.	NO. 0938-039 ATE SURVEY
ND PLAN OF	CORRECTION	IDENTIFICATION NUMBER:	A. BUILDING		CC	OMPLETED
		495165	B. WING			03/23/2023
NAME OF P	ROVIDER OR SUPPLIER		- I	STREET ADDRESS, CITY, STATE, ZIP COD	E.	
SHENANI	OOAH VALLEY WESTMIN	ISTER CANTERBURY		300 WESTMINSTER CANTERBURY DR WINCHESTER, VA 22603		
(X4) ID PREFIX TAG	(EACH DEFICIENC	ATEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CC (EACH CORRECTIVE ACTION CROSS-REFERENCED TO THE DEFICIENCY)	N SHOULD BE	(X5) COMPLETIO DATE
F 842	Continued From page	9 66	F 84	2		
	A review of R14's clin assessment of R14's 2/28/23. Further revia failed to reveal another resident's coccyx press On 3/22/23 at 10:50 at conducted with LPN ( who was the nurse with pressure injury assess was off on 3/7/23 but the physician and and assess R14's pressur resident refused beca LPN #2 stated there with but the nurse was goi A nurse's note create for 3/7/23 documente preferred to not have assessed during wou because the resident On 3/22/23 at 1:11 p. conducted with RN (restated a resident's ref assessment because wanted to be done ar do what was needed. On 3/22/23 at 2:34 p. staff member) #1 (the (the director of health of the above concern The facility policy title	ical record revealed an coccyx pressure injury on ew of R14's clinical record er assessment of the ssure injury until 3/17/23. a.m., an interview was (licensed practical nurse) #2, ho typically documented sments. LPN #2 stated she her understanding was that other nurse attempted to re injury on that date and the ause visitors were present. was no note to evidence this, ing to document a late entry. d on 3/21/23, and effective d a late entry that R14 the pressure injury nd rounds on that date had visitors. m., an interview was egistered nurse) #1. RN #1 fusal of a pressure injury , "It's something that was nd they are refusing for us to " m., ASM (administrative e administrator) and ASM #2 services) were made aware		<ul> <li>pressure injury to ensure all v pressure injury assessments completed.</li> <li>3.Systems Change</li> <li>A) All active licensed nurses v re-educated on the pressure which will include the weekly injury assessments, documer assessment was not complet progress note under the skin/ of reason for the refusal or or the assessment.</li> <li>B) The licensed nurse will che the documentation for weekly is completed. If not, notificati Unit Coordinator will be done</li> <li>4. Monitoring The Unit Coordinator will com audits during assessment rou ensure all documentation for injuries. Report any findings committee bi-monthly.</li> <li>5.Date The corrective action will be of 5/05/23.</li> </ul>	are will be injury policy pressure ntation. If the ed, ensure a wound type nission of eck nightly assessment on to the duct weekly inds to all pressure to the QAPI	

If continuation sheet Page 67 of 69

	OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA		E CONSTRUCTION	(X3) DATE SURVEY	
	CORRECTION	IDENTIFICATION NUMBER:			COMPLETED	
		495165	B. WING		03/23/2023	
NAME OF P	ROVIDER OR SUPPLIER			STREET ADDRESS, CITY, STATE, ZIP CODE		
SHENAND	OAH VALLEY WESTMIN	ISTER CANTERBURY		300 WESTMINSTER CANTERBURY DR WINCHESTER, VA 22603		
(X4) ID PREFIX TAG	(EACH DEFICIENC	ATEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD F CROSS-REFERENCED TO THE APPROPR DEFICIENCY)	BE COMPLÉTIO	
F 842	Continued From page	e 67	F 84	2		
		progress the resident is				
		ers written by the physician.				
	It provides a permane nursing care, treatme					
	administered."	nio, and mediodiono				
F 882 SS=F			F 88	2	5/5/23	
	§483.80(b) Infection	preventionist				
	The facility must desi					
	individual(s) as the in	fection preventionist(s) (IP)				
	(s) who are responsib The IP must:	ble for the facility's IPCP.				
		rimary professional training chnology, microbiology, er related field;				
	§483.80(b)(2) Be qua experience or certifica	lified by education, training, ation;				
	§483.80(b)(3) Work a facility; and	t least part-time at the				
	training in infection pr	completed specialized revention and control. is not met as evidenced				
		iew and facility document ined that the failed to		1. Corrective Action The facility has designated two ad	ctive	
	designate a qualified	individual(s) onsite, who		Licensed nurses who meet the regulat		
	was responsible for ir activities to prevent a	nplementing programs and nd control infections.		requirements of the infection preventionist. They are actively		
	The findings include:			<ul><li>completing the required training for lor term care infection control/prevention.</li><li>2.Other Potential Residents</li></ul>		
	The facility staff failed	t to ensure the acting t had completed specialized		All active residents and staff who reside work in the facility have the potential		

Event ID: MDHI11

Facility ID: VA0224

If continuation sheet Page 68 of 69

TATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA IND PLAN OF CORRECTION IDENTIFICATION NUMBER:			(X2) MULTIPL	E CONSTRUCTION	OMB NO. 0938-03 (X3) DATE SURVEY	
ND PLAN OF	CORRECTION	IDENTIFICATION NUMBER:	A. BUILDING		COMPLETED	
		495165	B. WING		03/23/2023	
NAME OF PI	ROVIDER OR SUPPLIER			STREET ADDRESS, CITY, STATE, ZIP CODE 300 WESTMINSTER CANTERBURY DR		
SHENANDOAH VALLEY WESTMINSTER CANTERBURY						
(X4) ID PREFIX TAG	(EACH DEFICIENC	ATEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTI (EACH CORRECTIVE ACTION SHOUL CROSS-REFERENCED TO THE APPRO DEFICIENCY)	D BE COMPLETIO	
F 882	Continued From page		F 88			
	On 3/20/23 during the (administrative staff r administrator, was as the infection preventi stated the facility did infection preventionis infection preventionis without working out a had not yet employed She stated no other s credentials that meet of an infection preven ASM #2, the director currently filling the ro On 3/22/23 at 4:30 p. ASM #3, the chief op informed of these con A review of the job de Preventionist Educate infection control prev for identifying, investi reporting healthcare various committees. interdepartmentally to strategies, feedback, prevention strategies control preferredKn	sked to provide evidence of onist's credentials. ASM #1 not currently employ an st and stated the former st recently left the position a full notice, and the facility d a new person to fill the role. staff members had the regulatory requirements ntionist. She stated she and of health services, were le. , ASM #1, ASM #2, and verating officer, were ncerns. escription for Infection or revealed, in part: "The entionist (IP) is responsible igating, monitoring, and associated infections to		be affected. 3.Systems Change The facility will ensure there are two licensed nurses who meet the regul requirements for a Infection Preven on staff at all times. 4. Monitoring The administrator will audit quarterly Infection Preventionist on staff, mee the regulatory requirements. The st will be reported to QAPI bi-monthly. 5.Date This correction action will be comple 5/05/23.	atory tionist y an eting tatus	

If continuation sheet Page 69 of 69