DEPART	MENT OF HEALTH AN	ID HUMAN SERVICES				DRM APPROVED
CENTER	S FOR MEDICARE &	MEDICAID SERVICES			OMB	NO. 0938-0391
	DF DEFICIENCIES CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:				ATE SURVEY OMPLETED
		495418	B. WING			R-C 05/25/2023
NAME OF PI	ROVIDER OR SUPPLIER			STREET ADDRESS, CITY, STATE, Z		
PRINCES	S ANNE HEALTH & REH	ABILITATION CENTER		1948 LANDSTOWN CENTRE WA VIRGINIA BEACH, VA 23456		
(X4) ID PREFIX TAG	(EACH DEFICIENC	ATEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	-	N OF CORRECTION ACTION SHOULD BE	(X5) COMPLETION DATE
				DEFIC	IENCY)	
{F 000}	INITIAL COMMENTS		{F 000)}		
	standard survey cond 3/31/23 and 4/3/23 w through 5/25/23. The with 42 CFR Part 483	dicare/Medicaid revisit to the lucted 3/28/23 through as conducted 5/23/23 e facility was in compliance B Federal Long Term Care omplaints were investigated				
	113 at the time of the consisted of 14 curre (Residents 101 throu					
F 755 SS=D	Pharmacy Srvcs/Proc CFR(s): 483.45(a)(b)	cedures/Pharmacist/Records (1)-(3)	F 75	5		
	drugs and biologicals them under an agree §483.70(g). The facil personnel to administ	ide routine and emergency to its residents, or obtain ment described in ity may permit unlicensed				
	pharmaceutical servic that assure the accur dispensing, and admi	es. A facility must provide ces (including procedures ate acquiring, receiving, nistering of all drugs and ne needs of each resident.				
		onsultation. The facility n the services of a licensed				
	§483.45(b)(1) Provide aspects of the provisi the facility.	es consultation on all on of pharmacy services in				
LABORATORY	DIRECTOR'S OR PROVIDER/	SUPPLIER REPRESENTATIVE'S SIGNATUR	RE	TITLE		(X6) DATE
Electroni	cally Signed					06/08/2023

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.

	-	ID HUMAN SERVICES MEDICAID SERVICES				FORM	D: 06/11/2023 MAPPROVED D. 0938-0391
STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA AND PLAN OF CORRECTION IDENTIFICATION NUMBER:		i í		CONSTRUCTION		PLETED	
		495418	B. WING _				-C 25/2023
NAME OF PI	ROVIDER OR SUPPLIER			S	TREET ADDRESS, CITY, STATE, ZIP CODE		
				19	948 LANDSTOWN CENTRE WAY		
PRINCES	S ANNE HEALTH & REHA	ABILITATION CENTER		v	IRGINIA BEACH, VA 23456		
(X4) ID PREFIX TAG	(EACH DEFICIENC)	ATEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREFIX TAG	×	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD B CROSS-REFERENCED TO THE APPROPRI DEFICIENCY)		(X5) COMPLETION DATE
F 755	Continued From page	2 1	F 7	755			
		shes a system of records of n of all controlled drugs in ıble an accurate					
	§483.45(b)(3) Determines that drug records are in order and that an account of all controlled drugs is maintained and periodically reconciled. This REQUIREMENT is not met as evidenced by: Based on staff interviews, pharmacist interview, clinical record review and facility documentation, the facility's consultant pharmacy failed to ensure two (2) out of 14 residents (Resident #113 and #106) in the survey sample received the correct packaged medication. This deficiency is cited as past non-compliance (PNC.)				Past noncompliance: no plan of correction required.		
	arrived from the facilit Rabeprazole (ER) 20 contained Verapamil I mg tablet. Resident # another resident's hig medication (Verapam her scheduled medica (treatment of gastroes Resident #113 was ac on 04/01/23. The res local hospital on 05/0 the facility. Diagnosis but are not limited to r difficulty in walking, m	ster card of medications y's pharmacy labeled mg for Resident #113 but it Extended Release (ER) 240 #113 received 24 doses of h blood pressure il) and missed 24 doses of					

Facility ID: VA0415

If continuation sheet Page 2 of 24

	-	ID HUMAN SERVICES MEDICAID SERVICES				FORM	M APPROVED 0. 0938-0391	
STATEMENT (DF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	, í		E CONSTRUCTION	(X3) DATE COMF	SURVEY PLETED	
		495418	B. WING			R-C 05/25/2023		
NAME OF P	ROVIDER OR SUPPLIER				STREET ADDRESS, CITY, STATE, ZIP CODE			
PRINCES	SANNE HEALTH & REHA	ABILITATION CENTER			1948 LANDSTOWN CENTRE WAY VIRGINIA BEACH, VA 23456			
(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 755	assessment with an A (ARD) of 04/05/23 sca indicating short-and-lo with severe cognitive made decisions. In section "G" (Physic coded Resident #113 of one with bathing, li bed mobility, transfer, personal hygiene, and Living (ADL) care. Resident #113's care identified the resident complications second Failure (CHF), corona cardiac shunt placem ischemic attack (TIA)/ (CVA) and hypertensi The goal set for the re be free from cardiac of interventions/approad accomplish this goal w medications as ordere and observe for signs A review of Resident 5 Administration Record dated 04/01/23 to adm Sodium 20 mg tablet 8:00 a.m., for Gastroe (GERD.) An interview was com- representative on 05/ p.m. He stated on 05	nt protocol) an admission Assessment Reference Date ored Resident #113, a 99 ong term memory problems impairment - never/rarely cal functioning) the MDS required total dependence mited assistance of one with dressing toilet use, d eating for Activities of Daily plan created on 04/03/23 as at risk for cardiac lary to Congestive Heart ary artery disease (CAD), ent, history of transient /cardiovascular accident on (high blood pressure). esident by the staff was to complications. Some of the ches the staff would use to were to administer ed, vital signs as needed, of cardiac complications. #113's Medication d (MAR) revealed an order	F	755				

Facility ID: VA0415

If continuation sheet Page 3 of 24

		ID HUMAN SERVICES MEDICAID SERVICES				FORM APPROVED MB NO. 0938-0391
STATEMENT	OF DEFICIENCIES F CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:		IPLE CONSTRUCTION		3) DATE SURVEY COMPLETED
		495418	B. WING _			R-C 05/25/2023
NAME OF P	ROVIDER OR SUPPLIER	L		STREET ADDRESS, CITY, STATE	E, ZIP CODE	
PRINCES	S ANNE HEALTH & REH	ABILITATION CENTER		1948 LANDSTOWN CENTRE V VIRGINIA BEACH, VA 234		
(X4) ID PREFIX TAG	(EACH DEFICIENC	ATEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREFIX TAG	((EACH CORRECTI CROSS-REFERENCE	LAN OF CORRECTION VE ACTION SHOULD BE ED TO THE APPROPRIATE FICIENCY)	(X5) COMPLETION DATE
F 755	nurse and two other r the medication Raber familiar in shape, size was looked up on Go looking up the medica the medication the nu Resident #113 was ne (Rabeprazole.) An interview was con Director of Quality on stated the blister carc labeled Aciphex 20 m contained (Verapamil medication. She said description of what th the color and shape. description helped to medication in the blis blister pack was pack delivered to the nursin A phone call was plac 11:03 a.m. The (LPN administer Resident # on the following days 04/27/23 at 8:00 a.m. LPN never returned th A phone interview wa 05/25/23 at approxim stated on 05/01/23 (n Resident #113's repre- review the resident's she removed Resider cards from the medic the representative rev- medications, he state	epresentatives. He stated prazole 20 mg was not e, or color so the medication ogle search. He said after ation, they were certain that ursing staff had been giving of the correct medication ducted with the Pharmacy's 05/24/23 at 10:16 a.m. She I for Resident #113 was ing tablet, but the blister pack 240 mg tablets) the wrong I the medication label gave a e pill should look like, giving She stated by giving the identify the correct ter pack. She stated the taged and 30 pills were ing facility on 04/07/23. teed to LPN #2 on 05/25/23 at) was assigned to #113's medication (Aciphex) in April 2023: 04/19/23 and A message was left, but the he call. s conducted with LPN #5 on ately 3:27 p.m. The LPN ot sure of the exact time) esentative requested to medications. She stated after viewed the residents'	F7	755		

Facility ID: VA0415

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	-	ID HUMAN SERVICES MEDICAID SERVICES				FORM	MAPPROVED 0. 0938-0391	
STATEMENT (DF DEFICIENCIES CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	. ,		E CONSTRUCTION	(X3) DATE		
		495418	B. WING			R-C 05/25/2023		
NAME OF P	ROVIDER OR SUPPLIER			ę	STREET ADDRESS, CITY, STATE, ZIP CODE			
PRINCES	S ANNE HEALTH & REH	ABILITATION CENTER			1948 LANDSTOWN CENTRE WAY VIRGINIA BEACH, VA 23456			
(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 755	wrong shape, size, ar resident's representat medication given as F correct medication. Thi immediately reported representative's conc A review of Resident during a physical ther 04/18/23, the residen dizziness. The reside position) with a readir low BP), pulse at 105 heart rate) beats per nursing staff were infor reading. A review of Resident revealed the following -04/15/23, BP = 84/57 -04/16/23, BP = 93/60 -04/18/23, BP = 78/48 A phone interview wa Practitioner (NP) on 0 stated she was asked on 04/18/23 after hav during therapy. She a resident's extensive of a low dose of Midodri Midodrine was ordered time Resident #113 h resident's blood press A review of Resident Summary (POS) reve Midodrine 2.5 mg - gi 24 hours as needed f	hd color. She said the tive immediately stated the Rabeprazole was not the he LPN stated she the resident ern to the Unit Manager. #113's clinical note revealed apy (PT) session on t voiced complaints of ent's BP was taken (sitting ng of 78/48 (hypotension - (tachycardia - increase minute (bpm), and the ormed of low blood pressure #113's clinical record g low BP readings: 1. 0. 3. s conducted with the Nurse 05/25/23 at 4:06 p.m. She t to assess Resident #113 ing a hypotensive episode stated because of the eardiac issues, she ordered ne. She stated when the ed, she was not aware at that ad been receiving another	F	755				

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		D HUMAN SERVICES MEDICAID SERVICES				FORM	: 06/11/2023 APPROVED . 0938-0391
STATEMENT (DF DEFICIENCIES CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	. ,	E CONSTRUCTION		(X3) DATE (COMPL	SURVEY .ETED
		495418	B. WING			R- 05/2	C 25/2023
NAME OF PI	ROVIDER OR SUPPLIER			STREET ADDRESS, CITY, STATE	, ZIP CODE		
PRINCES	S ANNE HEALTH & REHA	BILITATION CENTER		1948 LANDSTOWN CENTRE W VIRGINIA BEACH, VA 2345			
(X4) ID PREFIX TAG	(EACH DEFICIENC)	ATEMENT OF DEFICIENCIES / MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREFIX TAG	(EACH CORRECTIV CROSS-REFERENCE	AN OF CORRECTION /E ACTION SHOULD BE /D TO THE APPROPRIAT ICIENCY)		(X5) COMPLETION DATE
F 755	The resident's BP did after the order was with Midodrine were require On 05/01/23, Resider the local Emergency I mental status (AMS.) records dated revealed to the ED on 05/01/23 with altered mental st (sleepiness.) Accordin Resident #113 receive via Intravenous (IV) o Resident #113 receive via Intravenous (IV) o Resident #113 was di on 05/12/23. 2. On 4/7/23, for Resi medications arrived fr labeled Verapamil Ext mg tablet but it contai mg. Resident #106 m scheduled medication doses of another resid Rabeprazole. Resident #106 was on nursing facility on 08/ Resident #106 include blood pressure. The Set (MDS - an assess assessment with an A (ARD) of 03/02/23 coo out of a possible score	y) starting on 04/18/23. not drop below 100 mmHg itten, thus no doses of red. at #113 was transferred to Department (ED) for altered A review of the hospital d Resident #113 presented a tapproximately 4:07 p.m., atus (AMS) and somnolence on to the hospital records, ed Lactated Ringers 500 ml n 05/01/23 while in the ED. scharged from the hospital dent #106, a blister card of om the facility's pharmacy tended Release (ER) 240 ned Rabeprazole (ER) 20 nissed 24 doses of her Verapamil and received 24 dent's medication riginally admitted to the 19/21. Diagnosis for ed but are not limited to high most recent Minimum Data sment protocol) quarterly assessment Reference Date ded the resident with a 05 e of 15 on the Brief tatus (BIMS), indicating	F 75	5			
	Set (MDS - an assess assessment with an A (ARD) of 03/02/23 cor- out of a possible scor- Interview for Mental S severe cognitive impa	ment protocol) quarterly ssessment Reference Date ded the resident with a 05 e of 15 on the Brief tatus (BIMS), indicating					

Facility ID: VA0415

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	-	ID HUMAN SERVICES MEDICAID SERVICES				FORM	0: 06/11/2023 APPROVED 0. 0938-0391
STATEMENT	DF DEFICIENCIES CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:		E CONSTRUCTION		(X3) DATE COMP	SURVEY LETED
		495418	B. WING		_		-C 25/2023
NAME OF P	ROVIDER OR SUPPLIER		S	TREET ADDRESS, CITY, S	TATE, ZIP CODE	•	
PRINCES	S ANNE HEALTH & REH	ABILITATION CENTER		948 LANDSTOWN CENT			
(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 BI NCED TO THE APPROPRIA DEFICIENCY)		(X5) COMPLETION DATE
F 755	on one person with ba of one with toilet use assistance of one with personal hygiene, and Activities of Daily Livii A review of Resident Administration Record dated 03/17/23 to adr Release (ER) 240 mg 9:00 a.m., hold for sys than 120. A review of Resident included an order writ administer Hydralazin every 8 hours as need pressure greater than MAR revealed Hydral treat high blood press the following three (3) greater than 170. -04/20/23, BP = 187/5 -04/24/23, BP = 187/5 -04/29/23, BP = 187/5 A review of the physic 05/03/23 at 5:03 4:18 #106 was supposed to 240 mg; however, she Aciphex instead due to error. The note reveat resident's blood press indicated that the resis the correct medication An interview was con	required total dependence athing, extensive assistance and dressing, limited h bed mobility, transfer, and d supervision with eating for ng (ADL) care. #106's Medication d (MAR) revealed an order minister Verapamil Extended g tablet by mouth daily at stolic blood pressure less #106's MAR for April 2023 then on 04/19/23 to he HCL 10 mg by mouth ded for systolic blood 170. Further review of the azine 10 mg (medication to sure) was administered on g) days for a systolic BP 92. 90. 100. tian progress note dated p.m. revealed Resident o be receiving Verapamil e received the medication to a pharmacy packaging aled a slight increase in the sure. The progress note dent was currently receiving	F 755				

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		ID HUMAN SERVICES MEDICAID SERVICES				FORM	MAPPROVED 0. 0938-0391
STATEMENT (DF DEFICIENCIES CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:			E CONSTRUCTION	(X3) DATE COMP	SURVEY PLETED
		495418	B. WING				-C 25/2023
NAME OF P	ROVIDER OR SUPPLIER			S	TREET ADDRESS, CITY, STATE, ZIP CODE	<u> </u>	
PRINCES	S ANNE HEALTH & REH	ABILITATION CENTER			948 LANDSTOWN CENTRE WAY /IRGINIA BEACH, VA 23456		
(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 755	stated the label on the #106 was labeled Ver blister pack contained said the medication la what the pill should lo shape. She stated by helped to identify the blister pack. She stat packaged and 30 pills nursing facility on 04/ #106 received anothe (Aciphex) and missed (Verapamil.) The Dire blister pack card of Ve packaged and deliver 05/01/23. A phone call was plac Nurse (LPN) #2 on 05 (LPN) was assigned to #113's medication (Ac in April 2023: 04/19/2 A message was left, b the call. An interview was con 05/25/23 at approxim was assigned to adm medication on the foll 04/08/23, 04/17/23, 0 04/24/23. She stated never reviewed the medicated on the right administration (right p right route, and the right	e blister card for Resident rapamil 240 mg, but the d Aciphex 20 mg tablet. She abel gave a description of ook like, giving the color and y giving the description correct medication in the ted the blister pack was a were delivered to the 07/23. She stated Resident er resident's medication d her prescribed medication totor of Quality stated a new erapamil 240 mg ER was red to the nursing facility on ed to License Practical 5/25/23 at 11:03 a.m. The to administer Resident ciphex) on the following days 3 and 04/27/23 at 8:00 a.m. but the LPN never returned ducted with LPN #1 on ately 11:26 a.m. The LPN inister Resident #106's owing days: 04/07/23, 4/18/23, 04/19/23, and she had to be truthful; she redication label for the dictation. She said she only t's name and dose of the facility nurses were	F	755			

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CENTER	S FOR MEDICARE & I	ID HUMAN SERVICES MEDICAID SERVICES					FORM OMB NC	D: 06/11/2023 APPROVED D: 0938-0391
	OF DEFICIENCIES CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	` '		CONSTRUCTION			SURVEY LETED -C
		495418	B. WING					-0 25/2023
NAME OF PF	ROVIDER OR SUPPLIER			SI	TREET ADDRESS, CITY, STATE, ZIP COD	E		
PRINCESS	SANNE HEALTH & REHA	ABILITATION CENTER		19	948 LANDSTOWN CENTRE WAY			
		-		V	IRGINIA BEACH, VA 23456			
(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 CO (EACH CORRECTIVE ACTION CROSS-REFERENCED TO THE DEFICIENCY)	SHOULD B		(X5) COMPLETION DATE
F 755	Continued From page	28	F 75	55				
		rd for the description of what		50				
		like (shape, size, and color.)						
		administered Resident						
		entioned, she thought she						
	•	sident #106 her scheduled						
	Verapamil for her bloc Rabeprazole.	od pressure and not						
	An interview was con	ducted with the						
		or of Nursing (DON), and						
	-	Clinical Services on 05/25/23						
	-	Iministrator stated a Plan of						
	, ,	s put in place immediately vo (2) residents blister card						
	-	d the wrong medication.						
		esented an Action Plan dated						
	05/01/23. The Action	Plan included the following:						
		correct medication and						
	•	cility for a resident. Further						
	review of the Action P in-service/education (
	,	d on 05/02/23. The DON						
	stated the blister card							
		dication cart and sent back						
		e DON stated there were no						
		ed to packaging errors from						
		incidents when the resident ir scheduled medication as						
	ordered by the physic							
	On 05/25/23 at 5:45 n	o.m., a final interview was						
		dministrator, Director of						
	Nursing, and Regiona							
	-	vas determined that they						
		prrective Action Plan, and						
		vidence that the facility						
	corrected the noncom							
	-	e at the time of the current ory requirement, F755.						

Facility ID: VA0415

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CENTERS FOR MEDICAE		ID HUMAN SERVICES					MAPPROVED D. 0938-0391	
CENTERS FOR MEDICARE & MEDICAID SERVICES STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:				E CONSTRUCTION	(X3) DATE COMF	E SURVEY PLETED		
		495418	B. WING			R-C 05/25/2023		
NAME OF PROVIDER OR SUPPLIE	ł		•	:	STREET ADDRESS, CITY, STATE, ZIP CODE			
PRINCESS ANNE HEALTH &	REH	ABILITATION CENTER			1948 LANDSTOWN CENTRE WAY VIRGINIA BEACH, VA 23456			
PREFIX (EACH DEFI	IENC	ATEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL LSC 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 755 Continued From	page	e 9	F	755	5			
 another resident a scheduled antihy ordered by the p informed of the r was immediately and returned to a nursing leadersh the 5 rights of M check the medication. Step 1b. What in the affected residents were immediately cart and sent ba residents were a resident's represe medication error Step 2a. What in identify all poten nurses on using shape and color and the five right the right patient, right dose, and t demonstration, or Step 2b. What c interventions we residents or syst MAR/Cart audit Random MAR/C by nursing x 1 m 	ent # antil 106 pert pert pert edication pert edico	ated 5/1/23: 113 was administered hypertensive medication in did not receive the ensive medication as cian. Once the facility was cation errors, the medication ed from the medication cart harmacy. The DON and ducated all nursing staff on ation Administration and to label for the description of diate interventions were for s? The medication cards noved from the medication the pharmacy. The sed by the physician and the tive was made aware of diate actions were taken to ffected? Education for all bill identifier (identifies the ated on the medication label medication administration; right drug, the right time, the ght route) with a return leted on 05/10/23. ued and immediate uplemented for identified ? Immediate 100% ucted by the pharmacist. reekly audits are conducted then monthly thereafter x 3 audits are conducted by the						

Facility ID: VA0415

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	MENT OF HEALTH AN	ID HUMAN SERVICES				FORM	M APPROVED 0. 0938-0391	
STATEMENT	OF DEFICIENCIES F CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:			E CONSTRUCTION	(X3) DATE COMF	SURVEY PLETED	
		495418	B. WING			R-C 05/25/2023		
NAME OF P	ROVIDER OR SUPPLIER		•	5	STREET ADDRESS, CITY, STATE, ZIP CODE	•		
PRINCES	S ANNE HEALTH & REH	ABILITATION CENTER			1948 LANDSTOWN CENTRE WAY VIRGINIA BEACH, VA 23456			
(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 755	pharmacist. Step 2c. The results of submitted to the QAP before the scheduled The results were press on 04/26/23 with 100 ^o Committee will detern audits and/or action p The facility's policy titl effective 11/01/19. It licensed nurse who d will immediately initial Medication Error Rep The procedure include -The physician is noti- Any follow-up orders through. -RDCS and the Chief notified of significant p -The medication error Director and the Qual committee. -Significant medication death/hospitalization p appropriate agency. Definitions -Verapamil is used to and to control angina immediate-release tal	of the audits will be I meeting for compliance QA meeting in June 2023. Sented to the QA committee % compliance. The QA nine the need for further lans. led Medication Error is the facility's policy for the iscovers a medication error te the appropriate ort (s). es but is not limited to: fied of the medication error. of the physician are carried Nursing Officer must be medication errors. ete an administrative riate follow-up, and form is reported to the Medical ity Assurance (QA) n errors that resulted in will be reported to the treat high blood pressure (chest pain). The blets are also used alone or s to prevent and treat	F	755				

Facility ID: VA0415

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	-	ID HUMAN SERVICES MEDICAID SERVICES				FORM	APPROVED 0. 0938-0391	
STATEMENT C	DF DEFICIENCIES CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	i í		LE CONSTRUCTION	(X3) DATE		
		495418	B. WING			R-C 05/25/2023		
NAME OF PR	ROVIDER OR SUPPLIER		•		STREET ADDRESS, CITY, STATE, ZIP CODE	-		
					1948 LANDSTOWN CENTRE WAY			
PRINCESS	SANNE HEALTH & REH/	ABILITATION CENTER			VIRGINIA BEACH, VA 23456			
(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 755	Continued From page	÷ 11	F	758	5			
	(a sudden fall in blood a person assumes a s works by causing blood increases blood press (https://medlineplus.g -Rabeprazole Sodium symptoms of gastroes (GERD), a condition i of acid from the stom possible injury of the connects the throat an esophagus to heal an to the esophagus in a (https://medlineplus.g -Hypotension, also kr is blood pressure und people, it has no sym symptoms, these are disruptive, including of In some cases, hypot early diagnosis and tr way in treating hypote by increasing blood v known as fluid resuso fluids into your blood. intravenous (IV) fluids transfusions (https://my.clevelando 156-low-blood-pressu	ov/druginfo/meds). In is used to treat the sophageal reflux disease In which the backward flow ach causes heartburn and esophagus (the tube that and stomach.) It allows the id prevents further damage idults ov/druginfo/meds). In many ptoms. When it does cause usually unpleasant or lizziness, fainting, and more. ension is dangerous, so reatment are important. One ension directly can happen is olume. This method, also bitation, involves infusing Examples of this include s, plasma, or blood clinic.org/health/diseases/21 ure-hypotension). mmon condition that affects s also called hypertension. If pressure, the force of the						
		The heart must work harder						

Facility ID: VA0415

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	-	ND HUMAN SERVICES MEDICAID SERVICES			FOF	ED: 06/11/2023 RM APPROVED O. 0938-0391
STATEMENT O	DF DEFICIENCIES CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	. ,	LE CONSTRUCTION	(X3) DAT COM	E SURVEY IPLETED
		495418	B. WING			R-C 5/ 25/2023
	ROVIDER OR SUPPLIER	ABILITATION CENTER		STREET ADDRESS, CITY, STATE, ZIP CODE 1948 LANDSTOWN CENTRE WAY VIRGINIA BEACH, VA 23456		
(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 COP (EACH CORRECTIVE ACTION CROSS-REFERENCED TO THE DEFICIENCY)	SHOULD BE	(X5) COMPLETION DATE
F 755	Continued From page to pump blood (https://www.mayoclin	e 12 nic.org/diseases-conditions).	F 75	5		
F 760 SS=D	Residents are Free o CFR(s): 483.45(f)(2)	f Significant Med Errors	F 76	0		
	medication errors. This REQUIREMENT by: F760 Based on staff intervi clinical record review documentation, the fa one (2) of 14 resident	nts are free of any significant is not met as evidenced ews, pharmacist interviews,		Past noncompliance: no plar correction required.	n of	
	medication errors.	-				
	another resident's blo medication Verapami doses of her schedule On 04/19/23 Residen 78/48 with complaints resident was assessed	I ER 240 mg and missed 24 ed medication Rabeprazole. It #113's BP dropped to s of feeling dizzy. The ed by the Nurse Practitioner to start Midodrine (used to				
	on 04/01/23. The res local hospital on 05/0 the facility. Diagnosis but are not limited to difficulty in walking, n and collapse. The mo	dmitted to the nursing facility sident was transferred to the 11/23 and did not return to s for Resident #113 included major depressive disorder, nuscle weakness, syncope, ost recent Minimum Data Set nt protocol) an admission				

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		ID HUMAN SERVICES MEDICAID SERVICES				FORM	APPROVED 0. 0938-0391			
STATEMENT (DF DEFICIENCIES CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:			E CONSTRUCTION	(X3) DATE COMF	SURVEY PLETED			
		495418	B. WING				-C 25/2023			
NAME OF PI	ROVIDER OR SUPPLIER		•	S	STREET ADDRESS, CITY, STATE, ZIP CODE					
PRINCES	S ANNE HEALTH & REHA	ABILITATION CENTER			1948 LANDSTOWN CENTRE WAY VIRGINIA BEACH, VA 23456					
(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 760	 (ARD) of 04/05/23 scalindicating short-and-lawith severe cognitive made decisions. In section "G" (Physic coded Resident #113 of one with bathing, libed mobility, transfer, personal hygiene, and Living (ADL) care. Resident #113's care identified the resident complications second Failure (CHF), corona cardiac shunt placem ischemic attack (TIA)/(CVA) and hypertensi The goal set for the resident for the resident for the resident for the resident accomplish this goal with the goal set for the resident for	Assessment Reference Date ored Resident #113, a 99 ong term memory problems impairment - never/rarely cal functioning) the MDS required total dependence mited assistance of one with dressing toilet use, d eating for Activities of Daily plan created on 04/03/23 as at risk for cardiac lary to Congestive Heart ary artery disease (CAD), ent, history of transient /cardiovascular accident on (high blood pressure). esident by the staff was to complications. Some of the ches the staff would use to were to administer ed, vital signs as needed, of cardiac complications. #113's Medication d (MAR) revealed an order	F	760						

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	-	ID HUMAN SERVICES MEDICAID SERVICES				FORM	M APPROVED 0. 0938-0391
STATEMENT (DF DEFICIENCIES CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:			E CONSTRUCTION	(X3) DATE COMP	
		495418	B. WING				25/2023
NAME OF P	ROVIDER OR SUPPLIER			5	STREET ADDRESS, CITY, STATE, ZIP CODE	<u> </u>	
PRINCES	S ANNE HEALTH & REH/	ABILITATION CENTER			1948 LANDSTOWN CENTRE WAY VIRGINIA BEACH, VA 23456		
(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 760	the medication Raber familiar in shape, size was looked up on Go looking up the medicat the medication the nu Resident #113 was no (Rabeprazole.) An interview was com Director of Quality on stated the blister card labeled Aciphex 20 m contained (Verapamil medication. She said description of what the the color and shape. description helped to medication in the blist blister pack was pack delivered to the nursit A phone call was place 11:03 a.m. The (LPN administer Resident # on the following days 04/27/23 at 8:00 a.m. LPN never returned the A phone interview wa 05/25/23 at approxim stated on 05/01/23 (n Resident #113's repre- review the resident's she removed Resider cards from the medicat the representative rev- medications, he state (Rabeprazole) did nor	prazole 20 mg was not e, or color so the medication ogle search. He said after ation, they were certain that irsing staff had been giving of the correct medication ducted with the Pharmacy's 05/24/23 at 10:16 a.m. She for Resident #113 was ig tablet, but the blister pack 240 mg tablets) the wrong if the medication label gave a e pill should look like, giving She stated by giving the identify the correct ter pack. She stated the aged and 30 pills were ing facility on 04/07/23. eved to LPN #2 on 05/25/23 at) was assigned to #113's medication (Aciphex) in April 2023: 04/19/23 and A message was left, but the he call. s conducted with LPN #5 on ately 3:27 p.m. The LPN ot sure of the exact time) esentative requested to medications. She stated att #113's medication blister ation cart. She stated after viewed the residents'	F	760			

Facility ID: VA0415

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	-	ID HUMAN SERVICES MEDICAID SERVICES				FORM	APPROVED 0.0938-0391
STATEMENT O	OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA	(X2) MUL	TIPL	E CONSTRUCTION	(X3) DATE	SURVEY
AND PLAN OF	CORRECTION	IDENTIFICATION NUMBER:	A. BUILDI	NG _			LETED
		495418	B. WING				-C 25/2023
NAME OF PI	ROVIDER OR SUPPLIER				STREET ADDRESS, CITY, STATE, ZIP CODE	05/	25/2025
DDINCESS	S ANNE HEALTH & REH/				1948 LANDSTOWN CENTRE WAY		
PRINCES	DANNE REALTR & REAL	ADILITATION CENTER		'	VIRGINIA BEACH, VA 23456		
(X4) ID PREFIX TAG	(EACH DEFICIENC	ATEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL .SC IDENTIFYING INFORMATION)	ID PREFI TAG		PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD B CROSS-REFERENCED TO THE APPROPRI DEFICIENCY)		(X5) COMPLETION DATE
F 760	Continued From page resident's representat	e 15 tive immediately stated the	F	760			
	correct medication. T immediately reported						
	A review of Resident during a physical ther	#113's clinical note revealed apy (PT) session on					
	dizziness. The reside position) with a readir low BP), pulse at 105	t voiced complaints of ent's BP was taken (sitting ng of 78/48 (hypotension - (tachycardia - increase					
		minute (bpm), and the ormed of low blood pressure					
	A review of Resident revealed the following -04/15/23, BP = 84/57 -04/16/23, BP = 93/60	low BP readings: 1.					
	-04/18/23, BP = 78/48	3.					
	Practitioner (NP) on 0 stated she was asked	s conducted with the Nurse 05/25/23 at 4:06 p.m. She I to assess Resident #113 ing a hypotensive episode					
	resident's extensive of a low dose of Midodri	ardiac issues, she ordered ne. She stated when the ed, she was not aware at that					
		ad been receiving another					
	Summary (POS) reve Midodrine 2.5 mg - gi 24 hours as needed f pressure) with a syste	#113's Physician Order aled the following order: ve 1 tablet by mouth every or hypotension (low blood blic BP less than 100 mmHg ry) starting on 04/18/23.					

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	-	ID HUMAN SERVICES MEDICAID SERVICES			F	ITED: 06/11/2023 ORM APPROVED NO. 0938-0391
STATEMENT	DF DEFICIENCIES CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	· /	E CONSTRUCTION	(X3) [DATE SURVEY OMPLETED
		495418	B. WING			R-C 05/25/2023
NAME OF P	ROVIDER OR SUPPLIER		s	TREET ADDRESS, CITY, STATE, ZIP COI	DE	0012012020
PRINCES	S ANNE HEALTH & REHA	ABILITATION CENTER		948 LANDSTOWN CENTRE WAY /IRGINIA BEACH, VA 23456		
(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 CO (EACH CORRECTIVE ACTIO CROSS-REFERENCED TO THI DEFICIENCY)	N SHOULD BE E APPROPRIATE	(X5) COMPLETION DATE
F 760	after the order was with Midodrine were require On 05/01/23, Resider the local Emergency I mental status (AMS.) records dated revealed to the ED on 05/01/23 with altered mental st (sleepiness.) Accordin Resident #113 receive via Intravenous (IV) o Resident #113 receive via Intravenous (IV) o Resident #113 was di on 05/12/23. 2. Resident #106 miss (medication to treat hi instead received 24 d medication (Rabepraz gastroesophageal ref Resident #106 receive Hydralazine HCL 10 r greater than 170. Re (3) doses of Hydralaz Resident #106 was of nursing facility on 08/ Resident #106 include blood pressure. The Set (MDS - an assess assessment with an A (ARD) of 03/02/23 co- out of a possible scor Interview for Mental S severe cognitive impa-	not drop below 100 mmHg ritten, thus no doses of red. at #113 was transferred to Department (ED) for altered A review of the hospital ed Resident #113 presented B at approximately 4:07 p.m., atus (AMS) and somnolence ing to the hospital records, ed Lactated Ringers 500 ml n 05/01/23 while in the ED. ischarged from the hospital sed 24 doses of Verapamil igh blood pressure) and oses of another resident's zole to treat lux disease). On 04/19/23, ed a new order for mg as needed for systolic BP sident #106 received three ine for her increased BP. riginally admitted to the 19/21. Diagnosis for ed but are not limited to high most recent Minimum Data sment protocol) quarterly assessment Reference Date ded the resident with a 05 e of 15 on the Brief Status (BIMS), indicating	F 760			

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	-	D HUMAN SERVICES MEDICAID SERVICES				FORM	0: 06/11/2023 APPROVED 0. 0938-0391
STATEMENT C	DF DEFICIENCIES CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:		LE CONSTRUCTION	-	(X3) DATE COMP	SURVEY LETED
		495418	B. WING				-C 25/2023
NAME OF PF	ROVIDER OR SUPPLIER			STREET ADDRESS, CITY, S	TATE, ZIP CODE		
PRINCESS	SANNE HEALTH & REHA	ABILITATION CENTER		1948 LANDSTOWN CENT			
(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 760	of one with toilet uses assistance of one with personal hygiene, and Activities of Daily Livin A review of Resident a Administration Record dated 03/17/23 to adr Release (ER) 240 mg 9:00 a.m., hold for sys than 120. A review of Resident a included an order writ administer Hydralazin every 8 hours as need pressure greater than MAR revealed Hydral treat high blood press the following three (3) greater than 170. -04/20/23, BP = 187/5 -04/24/23, BP = 187/5 -04/29/23, BP = 187/5 A review of the physic 05/03/23 at 5:03 4:18 #106 was supposed t 240 mg; however, she Aciphex instead due t error. The note revea resident's blood press	athing, extensive assistance and dressing, limited a bed mobility, transfer, and d supervision with eating for ng (ADL) care. #106's Medication d (MAR) revealed an order minister Verapamil Extended tablet by mouth daily at stolic blood pressure less #106's MAR for April 2023 ten on 04/19/23 to te HCL 10 mg by mouth ded for systolic blood 170. Further review of the azine 10 mg (medication to oure) was administered on to days for a systolic BP 02. 00. 100. tean progress note dated p.m. revealed Resident to be receiving Verapamil e received the medication to a pharmacy packaging ted a slight increase in the sure. The progress note dent was currently receiving	F 76				
	Director of Quality on	ducted with the Pharmacy's 05/24/23 at 10:16 a.m. She e blister card for Resident					

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CENTER STATEMENT (AND PLAN OF NAME OF PI	-	D HUMAN SERVICES MEDICAID SERVICES (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 495418 ABILITATION CENTER	A. BUILDING	E CONSTRUCTION STREET ADDRESS, CITY, ST 1948 LANDSTOWN CENTR	TATE, ZIP CODE	FORM OMB NO (X3) DATE COMP R·	0: 06/11/2023 1 APPROVED 0. 0938-0391 SURVEY LETED -C 25/2023
(X4) ID PREFIX TAG	(EACH DEFICIENC)	ATEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S (EACH CORRE CROSS-REFERE	S PLAN OF CORRECTION CTIVE ACTION SHOULD BE NCED TO THE APPROPRIA DEFICIENCY)		(X5) COMPLETION DATE
F 760	blister pack contained said the medication la what the pill should lo shape. She stated by helped to identify the blister pack. She state packaged and 30 pills nursing facility on 04/4 #106 received anothe (Aciphex) and missed (Verapamil.) The Dire blister pack card of Ve packaged and deliver 05/01/23. A phone call was place Nurse (LPN) #2 on 05 (LPN) was assigned t #113's medication (Ac in April 2023: 04/19/27 A message was left, b the call. An interview was cone 05/25/23 at approxima was assigned to admi medication on the foll 04/08/23, 04/17/23, 00 04/24/23. She stated never reviewed the m description of the medication drug. She stated the educated on the right administration (right p right route, and the rig she was also educated	apamil 240 mg, but the Aciphex 20 mg tablet. She abel gave a description of ok like, giving the color and giving the description correct medication in the ed the blister pack was were delivered to the 07/23. She stated Resident or resident's medication ther prescribed medication ctor of Quality stated a new erapamil 240 mg ER was ed to the nursing facility on ed to License Practical 5/25/23 at 11:03 a.m. The o administer Resident ciphex) on the following days and 04/27/23 at 8:00 a.m. but the LPN never returned ducted with LPN #1 on ately 11:26 a.m. The LPN inister Resident #106's owing days: 04/07/23, 4/18/23, 04/19/23, and she had to be truthful; she edication label for the dication. She said she only 's name and dose of the facility nurses were	F 76				

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	-	ID HUMAN SERVICES MEDICAID SERVICES				FORM	D: 06/11/2023 APPROVED D. 0938-0391
STATEMENT O	DF DEFICIENCIES CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:		CONSTRUCTION		(X3) DATE COMP	SURVEY LETED
		495418	B. WING		_		-C 25/2023
NAME OF PI	ROVIDER OR SUPPLIER		s	TREET ADDRESS, CITY, ST	ATE, ZIP CODE		
PRINCES	SANNE HEALTH & REHA	ABILITATION CENTER		948 LANDSTOWN CENTR			
(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 760	She stated when she #106's on the days m was administering Re Verapamil for her block Rabeprazole. An interview was com Administrator, Director Regional Director of C at 12:33 p.m. The Ad Correction (POC) was after being notified tw medications contained The Administrator pre 05/01/23. The Action Failure to ensure the dosage sent to the fac review of the Action F in-service/education (administration) started stated the blister card removed from the me to the pharmacy. The further incidents related the pharmacy or any (s) did not receive the ordered by the physic On 05/25/23 at 5:45 p conducted with the Ad Nursing, and Regional Services Nursing. It w implemented their Co there was sufficient efficient efficient of corrected the noncorr substantial compliance	like (shape, size, and color.) administered Resident entioned, she thought she sident #106 her scheduled od pressure and not ducted with the or of Nursing (DON), and Clinical Services on 05/25/23 Iministrator stated a Plan of s put in place immediately o (2) residents blister card d the wrong medication. sented an Action Plan dated Plan included the following: correct medication and cility for a resident. Further Plan included the following: correct medication d on 05/02/23. The DON is were immediately dication cart and sent back e DON stated there were no ed to packaging errors from incidents when the resident is scheduled medication as ian.	F 760				
	Nursing, and Regional Services Nursing. It with implemented their Co there was sufficient end corrected the noncom substantial compliance	al Director of Clinical vas determined that they rrective Action Plan, and vidence that the facility apliance and was in se at the time of the current					

Facility ID: VA0415

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	-	ID HUMAN SERVICES MEDICAID SERVICES				FORM	APPROVED 0. 0938-0391
STATEMENT (DF DEFICIENCIES CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:			E CONSTRUCTION	(X3) DATE COMP	
		495418	B. WING				-0 25/2023
NAME OF P	ROVIDER OR SUPPLIER		•		STREET ADDRESS, CITY, STATE, ZIP CODE	·	
PRINCES	S ANNE HEALTH & REHA	ABILITATION CENTER			1948 LANDSTOWN CENTRE WAY VIRGINIA BEACH, VA 23456		
(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 760	Facility Action Plan da Step 1a Resident # another resident antih error. Resident #106 scheduled antihyperte ordered by the physic informed of the medic was immediately pulle and returned to the ph nursing leadership ed the 5 rights of Medica check the medication the medication. Step 1b. What immed the affected residents were immediately rem cart and sent back to residents were assess resident's representat medication error. Step 2a. What immed identify all potential at nurses on using the p shape and color) loca and the five rights of n the right patient, the r right dose, and the rig demonstration, compl Step 2b. What continu interventions were im residents or systems? MAR/Cart audit condu Random MAR/Cart w by nursing x 1 month	ated 5/1/23: 113 was administered hypertensive medication in did not receive the ensive medication as ian. Once the facility was ration errors, the medication ed from the medication cart harmacy. The DON and ucated all nursing staff on tion Administration and to label for the description of liate interventions were for ? The medication cards hoved from the medication the pharmacy. The sed by the physician and the tive was made aware of liate actions were taken to ffected? Education for all ill identifier (identifies the ted on the medication label medication administration; ight drug, the right time, the ght route) with a return teted on 05/10/23. ued and immediate plemented for identified	F	760			

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		D HUMAN SERVICES MEDICAID SERVICES				FORM	APPROVED 0. 0938-0391
STATEMENT	DF DEFICIENCIES CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:			E CONSTRUCTION	(X3) DATE COMP	
		495418	B. WING				-0 25/2023
NAME OF P	ROVIDER OR SUPPLIER			ŝ	STREET ADDRESS, CITY, STATE, ZIP CODE		
PRINCES	S ANNE HEALTH & REHA	ABILITATION CENTER			1948 LANDSTOWN CENTRE WAY VIRGINIA BEACH, VA 23456		
(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 760	Continued From page	21	F	760			
	before the scheduled The results were press on 04/26/23 with 100° Committee will detern audits and/or action p The facility's policy titl effective 11/01/19. It licensed nurse who d will immediately initiat Medication Error Rep The procedure include -The physician is noti -Any follow-up orders through. -RDCS and the Chief notified of significant p -The DON will complet investigation, appropri filing. -The medication error Director and the Qual committee. -Significant medication death/hospitalization p appropriate agency. Definitions -Verapamil is used to and to control angina	I meeting for compliance QA meeting in June 2023. Sented to the QA committee % compliance. The QA nine the need for further lans. We Medication Error is the facility's policy for the iscovers a medication error te the appropriate ort (s). We solut is not limited to: fied of the medication error. of the physician are carried Nursing Officer must be medication errors. Sete an administrative iate follow-up, and form the is reported to the Medical ity Assurance (QA) n errors that resulted in will be reported to the treat high blood pressure (chest pain). The blets are also used alone or is to prevent and treat					

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		ID HUMAN SERVICES MEDICAID SERVICES				FORM	APPROVED 0. 0938-0391
STATEMENT (DF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	· ,		E CONSTRUCTION	(X3) DATE COMP	SURVEY LETED
		495418	B. WING				-C 25/2023
NAME OF P	ROVIDER OR SUPPLIER		•	5	STREET ADDRESS, CITY, STATE, ZIP CODE	•	
PRINCES	SANNE HEALTH & REHA	ABILITATION CENTER			1948 LANDSTOWN CENTRE WAY VIRGINIA BEACH, VA 23456		
(X4) ID PREFIX TAG	(EACH DEFICIENC)	ATEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREFI TAG		PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD B CROSS-REFERENCED TO THE APPROPRI DEFICIENCY)		(X5) COMPLETION DATE
F 760	(a sudden fall in blood a person assumes a s works by causing blood increases blood press (https://medlineplus.g -Rabeprazole Sodium symptoms of gastroes (GERD), a condition i of acid from the stoma possible injury of the connects the throat an esophagus to heal an to the esophagus in a (https://medlineplus.g -Hypotension, also kn is blood pressure und people, it has no sym symptoms, these are disruptive, including d In some cases, hypot early diagnosis and tr way in treating hypote by increasing blood v known as fluid resusc fluids into your blood. intravenous (IV) fluids transfusions (https://my.clevelando 156-low-blood-pressu	treat orthostatic hypotension d pressure that occurs when standing position). Midodrine od vessels to tighten, which sure ov/druginfo/meds). In is used to treat the sophageal reflux disease in which the backward flow ach causes heartburn and esophagus (the tube that ind stomach.) It allows the id prevents further damage idults ov/druginfo/meds). In own as low blood pressure, ler 90/60 mm/Hg. In many ptoms. When it does cause usually unpleasant or lizziness, fainting, and more. ension is dangerous, so eatment are important. One ension directly can happen is olume. This method, also sitation, involves infusing Examples of this include s, plasma, or blood clinic.org/health/diseases/21 ure-hypotension). mmon condition that affects s also called hypertension. If pressure, the force of the	F	760			

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		ID HUMAN SERVICES MEDICAID SERVICES				FORM	06/11/2023 APPROVED 0.0938-0391	
STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA AND PLAN OF CORRECTION IDENTIFICATION NUMBER:						(X3) DATE SURVE COMPLETED		
		495418	B. WING				-C 25/2023	
NAME OF P	ROVIDER OR SUPPLIER		-		STREET ADDRESS, CITY, STATE, ZIP CODE			
PRINCESS ANNE HEALTH & REHABILITATION CENTER					1948 LANDSTOWN CENTRE WAY VIRGINIA BEACH, VA 23456			
(X4) ID PREFIX TAG	REFIX (EACH DEFICIENCY MUST BE PRECEDED BY FULL			IX	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD E CROSS-REFERENCED TO THE APPROPRI DEFICIENCY)		(X5) COMPLETION DATE	
F 760	1.0	e 23 nic.org/diseases-conditions).	F	76				

Event ID: X3ET12

Facility ID: VA0415

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