STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	495235	A. BUILDING _____ B. WING _____	C 06/14/2023

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
WILLIAMSBURG POST ACUTE & REHABILITATION	**1235 S MOUNT VERNON AVENUE WILLIAMSBURG, VA 23185**

(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETION DATE
F 000	INITIAL COMMENTS An unannounced Medicare/Medicaid abbreviated standard survey was conducted 06/13/23 through 06/14/23. Corrections are required for compliance with 42 CFR Part 483 Federal Long Term Care requirements. Three complaints were investigated during the survey. VA00059033- Unsubstantiated VA00058810- Unsubstantiated VA00058824- Unsubstantiated The census in this 130 certified bed facility was 65 at the time of the survey. The survey sample consisted of 6 resident reviews.	F 000		
F 755 SS=D	Pharmacy Srvcs/Procedures/Pharmacist/Records CFR(s): 483.45(a)(b)(1)-(3) §483.45 Pharmacy Services The facility must provide routine and emergency drugs and biologicals to its residents, or obtain them under an agreement described in §483.70(g). The facility may permit unlicensed personnel to administer drugs if State law permits, but only under the general supervision of a licensed nurse. §483.45(a) Procedures. A facility must provide pharmaceutical services (including procedures that assure the accurate acquiring, receiving, dispensing, and administering of all drugs and biologicals) to meet the needs of each resident. §483.45(b) Service Consultation. The facility must employ or obtain the services of a licensed pharmacist who- §483.45(b)(1) Provides consultation on all	F 755		7/26/23

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

Electronically Signed | 07/11/2023

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F 755	Continued From page 1 aspects of the provision of pharmacy services in the facility. §483.45(b)(2) Establishes a system of records of receipt and disposition of all controlled drugs in sufficient detail to enable an accurate reconciliation; and §483.45(b)(3) Determines that drug records are in order and that an account of all controlled drugs is maintained and periodically reconciled. This REQUIREMENT is not met as evidenced by: Based on interview clinical record review and facility documentation the facility staff failed to ensure medications were available for 1 resident (Resident #4) in a survey sample of 6 residents. The findings included. For Resident #4, the facility staff failed to ensure the provision of routine medications for diabetes type II. On 6/13/23 during a review of the clinical record it was discovered that Resident #4 had the following orders: "Alpha-Lipoic Acid Oral Tablet 300 MG [milligrams] (Alpha-Lipoic Acid (Thioctic Acid) Give 1 tablet by mouth two times a day. for type 2 DM [Diabetes Mellitus] -Start Date-06/01/2023 1700" "Benfotiamine Oral Capsule 150 MG (Benfotiamine) Give 2 capsule by mouth two times a day for DM neuropathy related to TYPE 2 DIABETES MELLITUS WITHOUT COMPLICATIONS (E11.9); UNSTEADINESS ON	F 755	1.Resident #4 medication errors were addressed by the facility and MD was notified of the errors, and medication was discontinued. No Adverse effects were noted. 2.All residents of the facility have the potential to be affected by this deficient practice. An audit was conducted by the Director of Nursing for all residents that did not have medications administered for the past 7 days. Any identified omissions will be addressed in accordance with the facility policy and procedures. 3.Licensed Nursing staff of the facility will be educated on the facility policy of medication administration, accurate documentation in the MAR, and medication errors. 4.The DON or designee will conduct an audit of medications not administered 3 times weekly for 8 weeks. Results of the weekly audits/observations will be reported monthly to the Quality Assurance	

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F 755	Continued From page 2 FEET (R26.81)-Start Date-06/02/2023 0900" The Medication Administration Record from 06/01/2023 (for the Alpha-Lipoic Acid) and 06/02/2023 (for the Benfotiamine) through 06/13/2023 were signed off with a "9" indicating to see the nurses' notes. A review of the progress notes read either, "Med Unavailable" or "Awaiting arrival from pharmacy all parties aware" or "awaiting arrival." On 6/14/23 at approximately 3:30 PM, an interview was conducted with the Director of Nursing and the Administrator who both stated that if medications are not available from the pharmacy, the nurses should check the stat box, notify the supervisor, call the physician to see if an alternate is available, and notify the Responsible Party of the medication unavailability. On 6/14/23 during the end of day meeting the Administrator was made aware of the concern and no further information was provided.	F 755	Process Improvement Committee. The QAPI Committee is responsible for the on-going monitoring of compliance. 5.DOC:7/26/2023	