PRINTED: 08/01/2023 FORM APPROVED OMB NO. 0938-0391

NAME OF PROVIDER OR SUPPLIER LYNN CARE CENTER SUMMARY STATEMENT OF DEPICIENCIES SUMMARY STATEMENT OF DEPICIENCIES BACH DEPICIENCY MUST BE PRECEDED BY FULL RESILATORY ON LSD EDENTIFYING INFORMATION) F 000 INITIAL COMMENTS An unannounced Medicare/Medicald abbreviated standard survey was conducted 7/24/2023 Intrough 7/125/2023. Corrections are required for compliance with 42 CFR Part 483 Federal Long Term Care requirements. Four compliants, VA00059209 (substantiated with deficiency); VA00059209 (substantiated with deficiency) and VA00059209 (substantiated with deficiency). The census in this 120 certified bed facility was 104 at the time of the survey. The survey sample consisted of four current resident reviews and three closed record reviews. SS=E CFR(s): 483.10(g)(14) Notification of Changes. (I) A facility must limediately inform the resident; representative(s) when there is- (A) An accident involving the resident which results in injury and has the potential to requiring physician intervention. (II) A significant change in the resident's physical, mental, or psychosocial status in either life-threatening conditions or clinical complications); (II) A glandicant change in the resident's physical, mental, or psychosocial status in either life-threatening conditions or clinical complications); (II) A decision to transfer or discharge the resident from the facility as specified in commence a new form of treatment, or (II) A decision to transfer or discharge the resident from the facility as specified in commence and the past two weeks to assure Resident Responsible party notified of results.	STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA AND PLAN OF CORRECTION IDENTIFICATION NUMBER:		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION A. BUILDING			(X3) DATE SURVEY COMPLETED	
STREET ADDRESS, CTY, STATE, 29 CODE LYNN CARE CENTER			495316	B. WING	B. WING			
FREEDY TAGE FOOD INITIAL COMMENTS An unannounced Medicare/Medicaid abbreviated standard survey was conducted 77/24/20/3 through 77/25/20/3. Corrections are required for compliance with 42 CFR Part 483 Federal Long Term Care requirements. Four compliance with deficiency), VA00058/200 (substantiated with deficiency), VA00058/200 (substantiated with deficiency), VA00059/200 (substantiated with deficiency) and VA00059/200 (substantiated with deficiency) were investigated during the survey. The census in this 120 certified bed facility was 104 at the time of the survey. The survey sample consisted of four current resident reviews and three closed record reviews. F 580 SS=E F 580 Notify of Changes (Injury/Decline/Room, etc.) CFR(s): 483.10(g)(14) Notification of Changes. (i) A facility must immediately inform the resident; consistent with his or her authority, the resident consult with the resident's physician; and notify, consistent with his or her authority, the resident representative(s) when there is- (A) An accident involving the resident which results in injury and has the potential for requiring physician intervention; (B) A significant change in the resident's physician intervention; (B) A significant change in the resident's physician intervention; (C) A need to alter treatment significantly (that is, a need to discontinue an existing form of treatment due to adverse consequences, or to commence a new form of treatment), or (D) A decision to transfer of discharge the resident from the facility as specified in					10	000 SHENANDOAH AVENUE		
An unannounced Medicare/Medicaid abbreviated standard survey was conducted 7/24/2023 through 7/25/2023. Corrections are required for compliance with 42 CFR Part 483 Federal Long Term Care requirements. Four complaints, VA00058200 (substantiated with deficiency); VA00059208 (substantiated with deficiency); VA00059208 (substantiated with deficiency) and VA00059208 (substantiated with deficiency) were investigated during the survey. The census in this 120 certified bed facility was 104 at the time of the survey. The survey sample consisted of four current resident reviews and three closed record reviews. F 580 Notify of Changes (Injury/Decline/Room, etc.) CFR(s): 483.10(g)(14) (Nitfication of Changes. (i) A facility must immediately inform the resident; consult with the resident's physician; and notify, consistent with his or her authority, the resident representative(s) when there is: (A) An accident involving the resident which results in injury and has the potential for requiring physician intervention; (B) A significant change in the resident's physical, mental, or psychosocial status (that is, a deterioration in health, mental, or psychosocial status in either life-threatening conditions or clinical complications); (C) A need to alter treatment significantly (that is, a need to discontinue an existing form of treatment due to adverse consequences, or to commence a new form of treatment); or (D) A decision to transfer or discharge the resident from the facility as specified in	PREFIX	(EACH DEFICIENC	Y MUST BE PRECEDED BY FULL	PREF		(EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIA		COMPLETION
through 7/25/2023. Corrections are required for compliance with 42 CFR Part 483 Federal Long Term Care requirements. Four complaints, VA00058490 (substantiated with deficiency); VA00058200 (substantiated with deficiency) and VA00059260 (substantiated with deficiency) were investigated during the survey. The census in this 120 certified bed facility was 104 at the time of the survey. The survey sample consisted of four current resident reviews and three closed record reviews. F 580 SS=E CFR(s): 483.10(g)(14) Notification of Changes. (i) A facility must immediately inform the resident; consult with the resident's physician; and notify, consistent with his or her authority, the resident representative(s) when there is-consult with the resident moveling the resident which representative(s) when there is-determined in injury and has the potential for requiring physician intervention; (B) A significant change in the resident's physical, mental, or psychosocial status in either life-threatening conditions or clinical complications); (C) A need to alter treatment significantly (that is, a deterioration in health, mental, or psychosocial status in either life-threatening conditions or clinical complications); (C) A need to alter treatment significantly (that is, a need to discontinue an existing form of treatment due to adverse consequences, or to commence a new form of treatment); or (D) A decision to transfer or discharge the resident from the facility as specified in	F 000			F	000			
A RODATONY DIDEOTORIC OF PROVIDED IED DEDECENTATIVEIC CICNATURE TITLE TITLE (Y6) DATE	SS=E	standard survey was through 7/25/2023. C compliance with 42 C Term Care requiremed VA00058490 (substa VA00059200 (substa VA00059208 (substa VA00059260 (substa investigated during the census in this 12 104 at the time of the consisted of four currethree closed record in Notify of Changes (In CFR(s): 483.10(g)(14 §483.10(g)(14) Notifi (i) A facility must immicensult with the residence substantial in injury and in physician interventio (B) A significant charmental, or psychosod deterioration in healt status in either life-the clinical complications (C) A need to alter the aneed to discontinuate treatment due to advect the commence of the face of the complex of the face of the commence of the face of the complex of the face of the commence of the face of the complex of the face of the commence of the face of the commence of the face of the commence of the face of the complex of the	conducted 7/24/2023 corrections are required for CFR Part 483 Federal Long ents. Four complaints, ntiated with deficiency), ntiated with deficiency); ntiated with deficiency) and intiated with deficiency) were ne survey. 20 certified bed facility was e survey. The survey sample rent resident reviews and eviews. njury/Decline/Room, etc.) 4)(i)-(iv)(15) cation of Changes. nediately inform the resident; dent's physician; and notify, in her authority, the resident en there islands the potential for requiring in; nige in the resident which has the potential for requiring in; nige in the resident's physical, cial status (that is, a h, mental, or psychosocial interatening conditions or is); eatment significantly (that is, e an existing form of verse consequences, or to resident or discharge the cility as specified in		580	1. Resident #1 no longer at facility Resident responsible party for Resident #3 notified of fall had occurred on 5/23/2023 and the x-results on 5/26/2023. Provider not of Resident #3 Clonazepam not available on 2/27/2023 and 2/28/22. All residents of the facility have potential to be affected by the alle deficient practice. DON/designee audit all current patients to x2 we and notify provider of any missed medication administrations. DON/designee to audit all falls in past two weeks to assure Resider Responsible party notified. DON/designee to audit all x-rays results in the past two weeks to as	ray iffied 2023. the ged will eks the nt	(X6) DATE

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.

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		495316	B. WING		C 07/25/2023	
	ROVIDER OR SUPPLIER	<u> </u>		STREET ADDRESS, CITY, STATE, ZIP CODE 1000 SHENANDOAH AVENUE FRONT ROYAL, VA 22630	1 0772072020	
(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 CROSS-REFERENCED TO THE APPROPF DEFICIENCY)	BE COMPLETION	
F 580	§483.15(c)(1)(ii). (ii) When making not (14)(i) of this section, all pertinent informati is available and proviphysician. (iii) The facility must resident and the resident and re	ification under paragraph (g) the facility must ensure that on specified in §483.15(c)(2) ided upon request to the also promptly notify the dent representative, if any, or roommate assignment 10(e)(6); or lent rights under Federal or ons as specified in paragraph	F 58	Joon/designee will educate Licensed nursing staff to notify provider and responsible party not regarding medication not availab Licensed nursing staff will be educated to notify Responsible processed for falls and x-ray results. Joon/designee to audit all curricular patients for missed medication administrations and notify provid week x4 weeks. Don/designee to audit falls 3x week x4 weeks to a Responsible party was notified on Don/designee to audit x-ray results will be reviewed and disciply the Interdisciplinary Team that the Quality Assurance process a corrective action plans put into pas indicated based on review, al with determinations related to or monitoring. John Compliance 8/21/2023	le. Party Tent er 3x to assure f fall. ults dent eussed ough and lace ong ngoing	

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F 580	The findings include: 1. For Resident #1 (Finotify the physician at the medications, Bur (antibiotic), Eliquis (rinsulin Glargine (use Lyrica (used to treat to help sleep), Mirap disease) and Metopr failure) were not adm Bumex, Lyrica, Mirap available. R1 was admitted to the included but were not failure (1) and prese (2). On the most recent If (five)-Day assessment reference date) of 03 scored 14 out of 15 for mental status), in cognitively intact for Review of R1's clinic was her own responsible. The POS (physician 2023 documented in Bumex Oral Tablet, by mouth two times Date:03/22/2023; Cefdinir Oral Capsutimes a day. Start Deliquis Oral Tablet, two times a day. St.	R1), the facility staff failed to and the responsible party that nex (reduces fluid), Cefdinir educes risk if blood clot), do to control blood sugar), nerve pain), Melatonin (used ex (used for Parkinson's colol (used to treat heart inistered on 03/22/2023 and doex and Melatonin were not che facility with diagnoses that of limited to congestive heart ince of cardiac pacemaker MDS (minimum data set), a 5 and with an ARD (assessment as 3/24/2023, the resident con the BIMS (brief interview dicating the resident was making daily decisions. Cal record revealed that R1 sible party. Is order sheet) dated March in part: Give 2 (two) mg (milligrams) a day. Start Le. Give 300mg by mouth two	F	580		

NAME OF PROVIDER OR SUPPLIER LYNN CARE CENTER STREET ADDRESS, CITY, STATE, ZIP CODE 1000 SHEANANDOAN AVENUE FRONT ROYAL, VA 22630	STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:		(X2) MULTI A. BUILDIN	IPLE CONSTRUCTION		(X3) DATE SURVEY COMPLETED		
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F 580 Continued From page 3 (under the skin) at bedtime. Start Date: 03/22/2023; Lyrica Capsule. Give 150mg at by mouth bedtime. Start Date: 03/22/2023; Melatonin. Give 3 (three) mg by mouth at bedtime. Start Date: 03/22/2023; Melatonin. Give 3 (three) mg by mouth two times daily. Start Date: 03/22/2023; Mirapex Oral Tablet. 03/22/2023. The eMAR (electronic medication administration record) for R1 dated March 2023 documented the medications listed above. Further review failed to evidence the administration of Sumex, Cefdinir, Eliquis, Glargine, Lyrica, Melatonin, Metoprolol and Mirapex on 03/22/2023 failed to evidence the medications listed above. The enursing progress notes failed to evidence the medications listed above on the eMAR were administered. Further review of the nursing progress notes failed to evidence note filed to evidence note for some filed to evidence note filed t					1000 SHENANDOAH AVENUE	<u>'</u>		
(under the skin) at bedtime. Start Date: 03/22/2023; Lyrica Capsule. Give 150mg at by mouth bedtime. Start Date: 03/22/2023; Melatonin. Give 3 (three) mg by mouth at bedtime. Start Date: 03/22/2023; Metoprolol (used to treat heart failure) Tablet 25mg. Give one tablet by mouth two times daily. Start Date: 03/22/2023; Mirapex Oral Tablet. Give one mg by mouth two times a day. Start Date: 03/22/2023. The eMAR (electronic medication administration record) for R1 dated March 2023 documented the medications listed above. Further review failed to evidence the administration of Bumex, Cefdinir, Eliquis, Glargine, Lyrica, Melatonin, Metoprolol and Mirapex on 03/22/2023. The facility's nursing progress notes for R1 dated 03/21/2023 through 03/24/2023 failed to evidence the medications listed above on the eMAR were administered. Further review of the nursing progress notes failed to evidence notification to the physician and R1. On 07/25/2023 at approximately 12:05 p.m., an	PREFIX	(EACH DEFICIENCY MUST BE PRECEDED BY FULL		PREFIX	(EACH CORRECTIVE AC CROSS-REFERENCED TO	CTION SHOULD BE THE APPROPRIATE	COMPLETION	
practical nurse) #7. When asked to describe the procedure for providing medications to residents upon their admission to the facility, LPN #7 stated that if the medication is not available from the pharmacy, the nurse will check the Omnicell and if it is in the system the nurse will administer the medication. She further stated that if a medication is not available the nurse would notify the physician and the responsible party and document the notification in the nursing progress notes. After reviewing the facility's nursing	F 580	(under the skin) at be 03/22/2023; Lyrica Capsule. Give bedtime. Start Date: Melatonin. Give 3 (th bedtime. Start Date: Metoprolol (used to t 25mg. Give one tabl Start Date: 03/22/202 Mirapex Oral Tablet. times a day. Start Date: 03/22/202 Mirapex Oral T	150mg at by mouth 03/22/2023; aree) mg by mouth at 03/22/2023; reat heart failure) Tablet et by mouth two times daily. 23; Give one mg by mouth two ate: 03/22/2023. c medication administration March 2023 documented the bove. Further review failed to estration of Bumex, Cefdinir, rica, Melatonin, Metoprolol 2/2023. progress notes for R1 dated 03/24/2023 failed to evidence d above on the eMAR were er review of the nursing d to evidence notification to 1. proximately 12:05 p.m., an cted with LPN (licensed When asked to describe the ing medications to residents in to the facility, LPN #7 stated in is not available from the exit will check the Omnicell and the nurse will administer the ther stated that if a ailable the nurse would notify e responsible party and the party and the stated in the nursing progress	F	580			

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F 580	O3/24/2023 she stare vidence document R1 were notified that were not administer On 07/25/2023 at a (administrative staff ASM # 2, assistant made aware of the No further information References: (1) A condition in we enough blood to mainformation was obhttps://medlineplus (2) Helps control at electrical pulses to normal rate. It can control a fast heart chambers of the hobtained from the whttps://medlineplus ledefibrillators.html 2. For Resident #3 responsible party (5/23/23 and x-ray resident on 2/27/23 Resident #3 was a 3/12/19 with diagnary staff and the control of t	R1 dated 03/21/2023 through ted that there was no tation that the physician and at the medications listed above red or available. pproximately 2:45 p.m., ASM f member) # 1, administrator, director of nursing, were above findings. Ion was provided prior to exit. which the heart can't pump eet the body's needs. This tained from the website: gov/heartfailure.html. conormal heart rhythms. It uses prompt the heart to beat at a speed up a slow heart rhythm, rhythm, and coordinate the eart. This information was website: gov/pacemakersandimplantab a, the facility failed to notify the RP) of Resident #3's fall on results of left shoulder on to notify the physician of the epam not available for the	F 5	30		

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F 580	Resident #3's mosset) assessment, assessment references assessment references assessment assessment references assessment as several as the resident assessment as the resident assessment as the resident assessment as the resident assessment as the resident as the reside	st recent MDS (minimum data a quarterly assessment, with an ence date of 5/30/23, coded the g 06 out of 15 on the BIMS mental status) score, indicating severely cognitively impaired. Sysician's progress note dated , revealed, "Resident is a is being seen today for recert ats. Her clonopin was delayed cient is restless and anxious. Her	F 580				

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F 580	changes in left shoul seen." A review of the NP (r 5/28/23 at 9:52 AM, replaced fall without injury. Phenedications and inqual dose reduct medicationsWill comedications and consider and consider severe OA osterony fragments that arthropathy and old represents new injurnas resolved and her improved. This is not she has fair ROM. Sher head and move does not want to see consider PT (physical consider scheduled anytime resident or late that Resident #3's Results of the left sher physician was notified not available from ple 2/28/23. An interview was copm, with ASM (adm the medical director antipsychotic medical consider scheduled anytime resident medical consideration medica	der. No acute process nurse practitioner) note dated revealed, "Patient with recent armacy has reviewed diries about trial of GDR dion) of mood intinue with current attinue to closely monitor." ician note dated 5/31/23 at As mentioned Xray shows exarthritis) changes and old I associated with rotator cuff injuries. I do not think this y. Resident reports her pain r ROM (range of motion) has we back to its old baseline. She's able to lift arm above around without pain. She is ortho. I would like her to all therapy). I would like her to all therapy. I would like her to Tylenol. I will get her to ortho ther family would like." Intation in the progress notes the was notified of the x-ray coulder on 5/26/23, or that the end that the clonazepam was tharmacy on 2/27/23 and inistrative staff member) #4, When asked about any ations for Resident #3, ASM of on an anti-psychotic	F 58			

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F 580	anti-depressant. I do a few months ago, the medication from the days." When asked medication not being "Not sure specifically. An interview was cor AM with LPN (license asked about the fall of LPN #4 stated, "Yes, me. I went to the rest followed up with her. injury and the reside arm up slowly and with ephysician and go shoulder. The x-ray injury." An interview was con PM with CNA (certification when asked to describe with Resident #3, CI shower room and I he She said she was fe would get her back to fall, so I lowered he wheelchair and got her room." CNA #7 sher to the floor, I did considered a fall and know about lowering better once she was some water. The resident in the state of the room was some water.	at we could not get the charmacy for a couple of were they informed of the available, ASM #4 stated," Inducted on 7/25/23 at 10:50 and practical nurse) #4. When on 5/23/23 for Resident #3, the daughter called and told sident and assessed her and There was no bruising or not was able to move her left at an order for x-ray of the was negative for acute Inducted on 7/25/23 at 12:00 and nursing assistant) #7, ribe the events of 5/23/23 at 12:00 and just finished the shower. I called the shower.	F 5	80			

STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:			LE CONSTRUCTION	11 /	(X3) DATE SURVEY COMPLETED	
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F 580	(administrative sta administrator, ASM nursing, ASM #6, ASM #7 the interir #8, the regional nu regional director of of the findings.	age 8 roximately 2:45 PM, ASM ff member) #1, the M #2, the assistant director of the regional nurse consultant, n director of nursing and ASM urse consultant and ASM #9 the f operations was made aware tion was provided prior to exit.	F 58	30		
F 656 SS=D	Develop/Implement CFR(s): 483.21(b) §483.21(b) Compley \$483.21(b)(1) The implement a compound care plan for each resident rights set §483.10(c)(3), that objectives and time medical, nursing, needs that are ideassessment. The describe the follow (i) The services the or maintain the rephysical, mental, required under §4 (ii) Any services the under §483.24, §4 provided due to the under §483.10, in treatment under §481.10, in treatment under §481.10 in	the Comprehensive Care Plans (1)(3) rehensive Care Plans facility must develop and brehensive person-centered resident, consistent with the forth at §483.10(c)(2) and the includes measurable reframes to meet a resident's and mental and psychosocial intified in the comprehensive comprehensive care plan must are to be furnished to attain sident's highest practicable and psychosocial well-being as 83.24, §483.25 or §483.40; and the interest of the resident's exercise of rights cluding the right to refuse 483.10(c)(6). The description of the services of specialized ices the nursing facility will	F 6:	56 1. Resident #3 Careplan anxiety, provider notified Clonazepam not availabl 2/27/2023 and 2/28/2023 2. All residents of the fac potential to be affected by deficient practice. The Deto audit all current reside anxiety careplan in place interventions followed. 3. DON/designee will educionate in place for anximedication and intervent followed. 4. DON/designee to audiantianxiety medications weeks to assure carepla anxiety and interventions. These results will be revidiscussed by the Interdistream through the Qualit process and corrective a put into place as indicate review, along with determined to ongoing monit 5. Date of Compliance 8	of le on le	

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	ROVIDER OR SUPPLIER			STREET ADDRESS, CITY, STATE, ZIP CODE 1000 SHENANDOAH AVENUE FRONT ROYAL, VA 22630		
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F 656	rationale in the reside (iv)In consultation wit resident's representa (A) The resident's go desired outcomes. (B) The resident's prefuture discharge. Fact whether the resident's community was asselocal contact agencie entities, for this purpo (C) Discharge plans in plan, as appropriate, requirements set fort section. §483.21(b)(3) The set by the facility, as outle care plan, mustifii) Be culturally-common This REQUIREMENT by: Based on staff intervand facility document the facility staff failed comprehensive care residents in the survey. The findings include: For Resident #3, the implement the compmedication administric physician. Resident #3 was adra 3/12/19 with diagnostic staff in the survey.	ent's medical record. In the resident and the tive(s)- als for admission and eference and potential for illities must document as desire to return to the ssed and any referrals to and/or other appropriate ose. In the comprehensive care in accordance with the in paragraph (c) of this ervices provided or arranged ined by the comprehensive opetent and trauma-informed. It is not met as evidenced or is not met as evidenced or it is not met as evidenced	F	356		

		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION A. BUILDING			(X3) DATE SURVEY COMPLETED	
		495316	B. WING _			C 07/25/2023	
NAME OF PRO	VIDER OR SUPPLIER			STREET ADDRESS, CITY, STATE, ZIP COD 1000 SHENANDOAH AVENUE FRONT ROYAL, VA 22630		3172012020	
(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 CO (EACH CORRECTIVE ACTION CROSS-REFERENCED TO THE DEFICIENCY)	N SHOULD BE E APPROPRIATE	(X5) COMPLETION DATE	
Fisher Control of the	set) assessment, a quassessment reference esident as scoring 0 brief interview for make resident was seven a review of the composition of diagnosis of depredisorder. Resident halls related to history imes, and psychotrologismes,	ecent MDS (minimum data uarterly assessment, with an ele date of 5/30/23, coded the 6 out of 15 on the BIMS ental status) score, indicating erely cognitively impaired. The prehensive care plan dated on 6/1/23 revealed, has a mood problem related ession, anxiety, and mood has had a fall and is at risk for by of falls, impaired mobility at opic med use. She can be	F 6				

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	A. BUILDIN	IPLE CONSTRUCTION NG		(X3) DATE SURVEY COMPLETED C	
		495316	B. WING _			07/25/2023	
	ROVIDER OR SUPPLIER			STREET ADDRESS, CITY, STATE, ZIP CODI 1000 SHENANDOAH AVENUE FRONT ROYAL, VA 22630	•		
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)		ID PREFI) TAG	PROVIDER'S PLAN OF COI X (EACH CORRECTIVE ACTION CROSS-REFERENCED TO THE DEFICIENCY)	SHOULD BE	(X5) COMPLETION DATE	
F 656	bedtime related to will order from phase 1/25/23 at 5:34 AM 0.5MG", 30 tabs we Clonazepam stock been sufficient till: A review of the phase 3/2/23 at 5:58 AM, MG", 30 tabs were There was no evid delivery for Resides 3/2/23. The pharmacy was hand for the facility the automated me (Omnicell) for 2/27 A review of the phase 1/23 at 9:15 AM (age/gender) who and with complain yesterday and pat daughter is frustration and resident #3 on 2/27/23, 2/28/2	anxiety disorder. Not on hand, irmacy." armacy delivery manifest dated of revealed, "clonazepam ere delivered for Resident #3. (adelivered for Resident is a lis being seen today for recert tots. Her clonopin was delayed dient is restless and anxious. Her aded." (conducted on 7/25/23 at 10:19 atered nurse) #3. When asked 8 not receiving her clonazepam 23 and 3/1/23, RN #3 stated,	F	656			
	We click on reorder pharmacy contact script, the physicial script and then ph	charmacy had not delivered it. er in PCC (point click care) then is the facility if they need a new an needs to accept 'renew' harmacy will send. We can only I if there is a new script and not					

STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA AND PLAN OF CORRECTION IDENTIFICATION NUMBER:		(X2) MULTIPLE CONSTRUCTION A. BUILDING		(X3) DATE SURVEY COMPLETED	
		495316	B. WING		C 07/25/2023
NAME OF PR	OVIDER OR SUPPLIER	1	'	STREET ADDRESS, CITY, STATE, ZIP CODE 1000 SHENANDOAH AVENUE FRONT ROYAL, VA 22630	01/20/2020
(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 CROSS-REFERENCED TO THE APPROPR DEFICIENCY)	BE COMPLETION
F 656	physician order." Wh was being followed w included "administer	based on number of days nen asked if the care plan hen the intervention medications as ordered" and	F 656		
F 658 SS=E	the care plan is not be On 7/25/23 at approximation (administrative staff in administrator, ASM # nursing, ASM #6, the ASM #7 the interimed #8, the regional nurs regional director of of the findings. According to the fact Objectives policy, "Cogoals and objectives highest obtainable leplan goals and object desired outcome for or opportunity." No further informatic Services Provided MCFR(s): 483.21(b)(3) Comportunity as outlined by the comust-(i) Meet professional This REQUIREMEN by: Based on staff inter and facility documer	kimately 2:45 PM, ASM member) #1, the f2, the assistant director of e regional nurse consultant, director of nursing and ASM e consultant and ASM #9 the perations was made aware lity's "Care Plan Goals and Care plans shall incorporate that lead to the resident's evel of independence. Care ctives are defined as the a specific resident problem on was provided prior to exit. leet Professional Standards	F 65	F658 1. Resident #1 is no longer at fa Provider notified of failure to administer Clonazepam for patie on 2/27/2023, 2/28/2023, and 3/1/2023. 2. All residents of the facility have potential to be affected by the addeficient practice. DON/designe audit all current patients to x2 we and notify provider of any misses medication administrations.	ve the lleged e will eeks

STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA AND PLAN OF CORRECTION IDENTIFICATION NUMBER:		A. BUILDIN	IPLE CONSTRUCTION IG		TE SURVEY MPLETED	
						С
		495316	B. WING _		0	7/25/2023
NAME OF PR	ROVIDER OR SUPPLIER			STREET ADDRESS, CITY, STATE, ZIP C	ODE	
LYNN CAF	RE CENTER			1000 SHENANDOAH AVENUE		
				FRONT ROYAL, VA 22630		
(X4) ID		ATEMENT OF DEFICIENCIES	ID	PROVIDER'S PLAN OF		(X5) COMPLETION
PREFIX TAG		Y MUST BE PRECEDED BY FULL LSC IDENTIFYING INFORMATION)	PREFIX TAG	(EACH CORRECTIVE ACT CROSS-REFERENCED TO T		DATE
				DEFICIENC	:Y)	
F 658	Continued From page	e 13	F6	3. DON/designee will ed	ducate	
	1	ion administration for two of		Licensed nursing staff to	o notify	
		e survey sample, Resident		provider and responsible		
	#3 and #1.			regarding medication no		
	The findings include:			4. DON/designee to aud		
	The findings include:			patients for missed med administrations and not		
	1. For Resident #3, th	ne facility staff failed to		week x4 weeks. These		
	administer medication			reviewed and discussed		
				Interdisciplinary Team t	•	
	4	nitted to the facility on		Quality Assurance proc		
		es that include but are not		corrective action plans		
		history of falls, anxiety and		as indicated based on r	eview, along	
	depression.			with determinations rela	ted to ongoing	
	Resident #3's most re	ecent MDS (minimum data				
	1	•		5. Date of Compliance 8	3/21/2023.	
	i .	6 out of 15 on the BIMS				
	(brief interview for me	ental status) score, indicating				
	the resident was seve	erely cognitively impaired.				
	A review of the comp	orehensive care plan dated				
		ession, anxiety, and mood				
	disorder. Resident h	as had a fall and is at risk for				
		y of falls, impaired mobility at				
		cument for side effects and				
	Checuveness					
	A review of the physi	ician's order dated 4/12/22,				
	revealed, "clonazepa	am 0.5MG (milligram) TAB.				
		t bedtime related to anxiety			1	Laborate de la constante de la
	disorder."					
	A review of the Febru	uary 2023 MAR (medication				
	set) assessment, a q assessment reference resident as scoring 0 (brief interview for me the resident was seven A review of the comp 9/20/22 and revised "FOCUS:Resident to diagnosis of depredisorder. Resident he falls related to history times, and psychotrolimpulsive with poor s INTERVENTIONS: ordered. Monitor/doc effectiveness" A review of the physical revealed, "clonazepa Give 1 tablet orally a disorder."	ental status) score, indicating erely cognitively impaired. prehensive care plan dated on 6/1/23, revealed, has a mood problem related ession, anxiety, and mood has had a fall and is at risk for ey of falls, impaired mobility at epic med use. She can be esafety awareness Administer medications as cument for side effects and dician's order dated 4/12/22, am 0.5MG (milligram) TAB. It bedtime related to anxiety		monitoring. 5. Date of Compliance 8		

STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA AND PLAN OF CORRECTION IDENTIFICATION NUMBER:		1 ' '	PLE CONSTRUCTION G		(X3) DATE SURVEY COMPLETED	
		495316	B. WING _			C 7/25/2023
	ROVIDER OR SUPPLIER			STREET ADDRESS, CITY, STATE, ZIP COD 1000 SHENANDOAH AVENUE FRONT ROYAL, VA 22630		1,20,2020
(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)	N SHOULD BE EAPPROPRIATE	(X5) COMPLETION DATE
F 658	administration record 0.5MG (milligram) TA bedtime related to ar was refused at 8:00 Medication was docuprogress note" on 2/2 of the March 2023 M 0.5MG (milligram) TA bedtime related to ar was documented as 3/1/23. A review of the program 0.5MG bedtime related to ar will order from pharm A review of the pharm 1/25/23 at 5:34 AM, 0.5MG", 30 tabs were Clonazepam stock doen sufficient till 2/2 A review of the pharm 3/2/23 at 5:58 AM, re MG", 30 tabs were donazepam stock doen sufficient till 2/2 A review of the pharm 3/2/23 at 5:58 AM, re MG", 30 tabs were donazepam stock doen sufficient till 2/2 A review of the pharm 3/2/23 at 5:58 AM, re MG", 30 tabs were donazepam stock dollivery for Resident 3/2/23. The pharmacy was thand for the facility's automated medicatic 2/28/23 and 3/1/23. A review of the physical stock of the phys	n) revealed, "clonazepam AB. Give 1 tablet orally at exiety disorder." Medication PM on 2/25/23 and 2/26/23. Immented as "other/see 27/23 and 2/28/23. A review AR, revealed, "clonazepam AB. Give 1 tablet orally at exiety disorder." Medication "other/see progress note" on ess notes dated 2/27/23 at at 3 at 9:02 PM revealed, TAB Give 1 tablet orally at exiety disorder. Not on hand, enacy."	F 6	58		

STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA AND PLAN OF CORRECTION IDENTIFICATION NUMBER:			(X2) MULTIPLE CONSTRUCTION A. BUILDING		(X3) DATE COMP	SURVEY LETED	
		495316	B. WING			07/	25/2023
	ROVIDER OR SUPPLIER			10	REET ADDRESS, CITY, STATE, ZIP CODE 00 SHENANDOAH AVENUE RONT ROYAL, VA 22630		
(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 CORRECTION (EACH CORRECTIVE ACTION SHOULD E CROSS-REFERENCED TO THE APPROPRI DEFICIENCY)		(X5) COMPLETION DATE
F 658	and with complaints. yesterday and patien daughter is frustrated. A review of the physi 3/3/23 at 8:43 AM, reto get her clonopin, the facility's reserve. This comfortable and calm. An interview was cor PM, with ASM (admit the medical director. Resident #3 medication an anti-anxiety. I issue a few months a medication from the days." An interview was cor AM, with RN (register about Resident #3 mon 2/27/23, 2/28/23 and "When I worked, phase with the physician script and then phane pull from Omnicell if previously dispensed physician order. Whe evidence of physician on, there is not. Who was available in the #3 stated, the agency the Omnicell. There available to give us a stated of the office of the provious of the example of the office of the example of the example of the example of the office of the example of th	Her clonopin was delayed t is restless and anxious. Her d." cian's progress note dated evealed, "Resident was able mough we had to use the se has benefit. Resident is in this morning."	F	658			

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:		1 ' '	PLE CONSTRUCTION		(X3) DATE SURVEY COMPLETED	
		495316	B. WING			C 07/25/2023
	ROVIDER OR SUPPLIER	•		STREET ADDRESS, CITY, STATE, ZIP COI 1000 SHENANDOAH AVENUE FRONT ROYAL, VA 22630		77,20,20,20
(X4) ID PREFIX TAG	(EACH DEFICIE	STATEMENT OF DEFICIENCIES NCY MUST BE PRECEDED BY FULL R LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CO (EACH CORRECTIVE ACTION CROSS-REFERENCED TO THI DEFICIENCY)	N SHOULD BE E APPROPRIATE	(X5) COMPLETION DATE
F 658	PM, with ASM #2, 1 nursing. When asl Omnicell on off shir always have a nursing call the on-call nursing access." On 7/25/23 at appression of the findings. According to the far and Professional Soperates and proving the findings. According to the far and Professional Soperates and proving with current federal regulations, codes practice that apply services provided. No further informa 2. For Resident #1 administer Cefdining risk if blood cloty, I blood sugar) and Mailure) according to 3/22/2023. R1 was admitted to included but were failure (1) and pression. On the most recert	the assistant director of ted how staff get access to fits, ASM #2 stated, "We se leader on call, they are to se to come in and give them coximately 2:45 PM, ASM ff member) #1, the 1 #2, the assistant director of the regional nurse consultant, a director of nursing and ASM rese consultant and ASM #9 the coperations was made aware consultants was made aware decility's "Conformity with Laws standards" policy, "Our facility ides services in compliance II, state, and local laws, and professional standards of to our facility and types of	F 69	58		

STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA AND PLAN OF CORRECTION IDENTIFICATION NUMBER:		A. BUILDIN	PLE CONSTRUCTION G		COMPLETED	
		495316	B. WING			C 07/25/2023
	ROVIDER OR SUPPLIER			STREET ADDRESS, CITY, STATE, ZIP CODE 1000 SHENANDOAH AVENUE FRONT ROYAL, VA 22630		01120/2020
(X4) ID PREFIX TAG	(EACH DEFICIE	STATEMENT OF DEFICIENCIES NCY MUST BE PRECEDED BY FULL R LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF COR (EACH CORRECTIVE ACTION S CROSS-REFERENCED TO THE A DEFICIENCY)	SHOULD BE	(X5) COMPLETION DATE
F 658	reference date) of 0 scored 14 out of 15 for mental status), i cognitively intact for The POS (physicia 2023 documented 2024 documented 2024 documented 2024 documented 2025 d	o3/24/2023, the resident on the BIMS (brief interview indicating the resident was remaking daily decisions. Insert of sheet) dated March in part; the constant of the constan	F 6	58		

STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE (CONSTRUCTION	(X3) DATE SURVEY COMPLETED	
495316	B. WING		C 07/25/2023	
NAME OF PROVIDER OR SUPPLIER LYNN CARE CENTER	10	REET ADDRESS, CITY, STATE, ZIP CODE 100 SHENANDOAH AVENUE RONT ROYAL, VA 22630	UNESIZOZS	
(X4) ID SUMMARY STATEMENT OF DEFICIENCIES PREFIX (EACH DEFICIENCY MUST BE PRECEDED BY FULL TAG REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD E CROSS-REFERENCED TO THE APPROPRI DEFICIENCY)		
F 658 Continued From page 18 upon their admission to the facility, LPN #7 stated that if the medication is not available from the pharmacy, the nurse will check the Omnicell and if it is in the system the nurse will administer the medication. After reviewing the Omnicell inventory sheet dated 03/16/2023 she stated that the medications listed above were available for the nurse to administer to R1. On 07/25/2023 at approximately 2:45 p.m., ASM (administrative staff member) # 1, administrator, ASM # 2, assistant director of nursing, were made aware of the above findings. No further information was provided prior to exit. References: (1) A condition in which the heart can't pump enough blood to meet the body's needs. This information was obtained from the website: https://medlineplus.gov/heartfailure.html. (2) Helps control abnormal heart rhythms. It uses electrical pulses to prompt the heart to beat at a normal rate. It can speed up a slow heart rhythm, control a fast heart rhythm, and coordinate the chambers of the heart. This information was obtained from the website: https://medlineplus.gov/pacemakersandimplantab ledefibrillators.html. F 755 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	F 658	F755 1. Resident #1 no longer at facility Provider notified of Resident #3 Clonazepam not available on 2/27/2023, 2/28/2023, and 3/1/20		

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		495316	B. WING		07	C /25/2023
	ROVIDER OR SUPPLIER			STREET ADDRESS, CITY, STATE, ZIP CODI 1000 SHENANDOAH AVENUE FRONT ROYAL, VA 22630	<u>.</u>	
(X4) ID PREFIX TAG	(EACH DEFICIENC	TATEMENT OF DEFICIENCIES BY MUST BE PRECEDED BY FULL LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF COI (EACH CORRECTIVE ACTION CROSS-REFERENCED TO THE DEFICIENCY)	I SHOULD BE	(X5) COMPLETION DATE
F 755	personnel to administ permits, but only und a licensed nurse. §483.45(a) Procedur pharmaceutical servithat assure the accurdispensing, and administers biologicals to meet the services of the provision of the facility. §483.45(b) Service of the provision of the provision of the provision of the facility. §483.45(b)(1) Provide aspects of the provision of the provision of the facility. §483.45(b)(2) Estably receipt and disposition of the facility of the facility of the provision of the facility of the facility staff failed services in a timely residents, Resident. The findings include of the facility included.	ter drugs if State law ler the general supervision of less. A facility must provide less (including procedures rate acquiring, receiving, linistering of all drugs and liche needs of each resident. Consultation. The facility in the services of a licensed less consultation on all lision of pharmacy services in lishes a system of records of on of all controlled drugs in liable an accurate mines that drug records are in count of all controlled drugs eriodically reconciled. T is not met as evidenced view, facility document review leview, it was determined that d to provide pharmacy manner for two of seven #3 and #1. the facility staff failed to lety medication, clonazepam,	F 75	2. All residents of the facili potential to be affected by deficient practice. DON/de audit all current patients to and notify provider of any medication administrations 3. DON/designee will educ Licensed nursing staff to reprovider and responsible pregarding medication not a 4. DON/designee to audit admissions 3x week x 4 weassure provider and responsified of missed medicated DON/designee to audit Class week x4 weeks to assuwas notified when not avanches and corrective account into place as indicated review, along with determinated to ongoing monitors. Date of Compliance 8/2	the alleged esignee will of x2 weeks missed so the contify coarty notified available. In the company of the com	

STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA AND PLAN OF CORRECTION IDENTIFICATION NUMBER:		(X2) MULT A. BUILDII	IPLE CONSTRUCTION NG		(X3) DATE SURVEY COMPLETED		
		495316	B. WING _	B. WING		07/25/2023	
	ROVIDER OR SUPPLIER			STREET ADDRESS, CITY, STATE, ZIP CO 1000 SHENANDOAH AVENUE FRONT ROYAL, VA 22630		01/20/2020	
(X4) ID PREFIX TAG	(EACH DEFICIENC	ATEMENT OF DEFICIENCIES YMUST BE PRECEDED BY FULL LSC IDENTIFYING INFORMATION)	ID PREFI) TAG	PROVIDER'S PLAN OF ((EACH CORRECTIVE ACTIVE) CROSS-REFERENCED TO THE DEFICIENCY	ON SHOULD BE HE APPROPRIATE	(X5) COMPLETION DATE	
F 755	Continued From page	e 20	F	755			
	3/12/19 with diagnos	nitted to the facility on es that include but are not history of falls, anxiety and					
	set) assessment, a q assessment reference resident as scoring 0 (brief interview for me	ecent MDS (minimum data uarterly assessment, with an se date of 5/30/23, coded the 6 out of 15 on the BIMS ental status) score, indicating erely cognitively impaired.					
	revealed, "clonazepa	cian's order dated 4/12/22, am 0.5MG (milligram) TAB. t bedtime related to anxiety					
	administration record 0.5MG (milligram) To bedtime related to ar	uary 2023 MAR (medication d) revealed, "clonazepam AB. Give 1 tablet orally at exiety disorder." The sumented as "other/see 27/23 and 2/28/23.					
	"clonazepam 0.5MG tablet orally at bedtir	n was documented as					
	8:25 PM and 2/28/23 "clonazepam 0.5MG	ress notes dated 2/27/23 at 8:02 PM, revealed, TAB Give 1 tablet orally at exist disorder. Not on hand, nacy."					
	1	macy delivery manifest dated revealed, "clonazepam					

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:		PLE CONSTRUCTION G	(X3) DATE SURVEY COMPLETED	
495316	B. WING _		C 07/25/2023	
NAME OF PROVIDER OR SUPPLIER LYNN CARE CENTER		STREET ADDRESS, CITY, STATE, ZIP CODE 1000 SHENANDOAH AVENUE FRONT ROYAL, VA 22630	1 07/20/2020	
(X4) ID SUMMARY STATEMENT OF DEFICIENCIES PREFIX (EACH DEFICIENCY MUST BE PRECEDED BY FULL TAG REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTI (EACH CORRECTIVE ACTION SHOUL CROSS-REFERENCED TO THE APPRO DEFICIENCY)	D BE COMPLETION	
Continued From page 21 0.5MG", 30 tabs were delivered for Resident #3. Clonazepam stock delivered for Resident #3 been sufficient till 2/24/23. A review of the pharmacy delivery manifest dated 3/2/23 at 5:58 AM, revealed, "clonazepam 0.5 MG", 30 tabs were delivered for Resident #3. There was no evidence of any clonazepam delivery for Resident #3 between 2/24/23 and 3/2/23. The pharmacy was unable to provide inventory on hand for the facility's automated medication dispensing system (Omnicell) for 2/27/23, 2/28/23 and 3/1/23. An interview was conducted on 7/24/23 at 3:00 PM, with ASM (administrative staff member) #4, the medical director who stated, "I do vaguely remember an issue a few months ago, that we could not get the medication from the pharmacy for a couple of days." An interview was conducted on 7/25/23 at 10:19 AM, with RN (registered nurse) #3. When asked about Resident #3 not receiving her clonazepam on 2/27/23, 2/28/23 and 3/1/23, RN #3 stated, "When I worked, pharmacy had not delivered it. We click on reorder in PCC (point click care) then pharmacy contacts the facility if they need a new script, the physician needs to accept 'renew' script and then pharmacy will send. We can only pull from Omnicell if there is a new script and not previously dispensed based on number of days physician order." An interview was conducted on 7/25/23 at 10:25 AM, with ASM #1, the administrator. When asked about pharmacy services, ASM #1 stated, "When	F 7	55		

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		495316	B. WING_			C 07/25/2023
	ROVIDER OR SUPPLIER		•	STREET ADDRESS, CITY, STATE, ZIP CODE 1000 SHENANDOAH AVENUE FRONT ROYAL, VA 22630		
(X4) ID PREFIX TAG	(EACH DEFICIEN	STATEMENT OF DEFICIENCIES ICY MUST BE PRECEDED BY FULL R LSC IDENTIFYING INFORMATION)	ID PREFI) TAG	PROVIDER'S PLAN OF COF ((EACH CORRECTIVE ACTION CROSS-REFERENCED TO THE, DEFICIENCY)	SHOULD BE	(X5) COMPLETION DATE
F 755	pharmacy. We have getting medication of working with them of the administrator, A of nursing, ASM #6 consultant, ASM #7 and ASM #8, the read ASM #9 the regions made aware of the No further information 2. For Resident #1 ensure Bumex (reduced treat nerve pain), Mirapex (used for Favailable for adminional R1 was admitted to included but were refailure (1) and presequence (2). On the most recent (five)-Day assessmant reference date) of the control of the control of the post interest for mental status), cognitively intact for the POS (physicia 2023 documented in the control of the post interest for the post physicia 2023 documented interest for the post physician phy	leadership in 022, we did not change e been having issues with delivered timely and are on what we need." Desimately 2:45 PM, ASM #1, SM #2, the assistant director, the regional nurse of the interim director of nursing gional nurse consultant and all director of operations was findings. On was provided prior to exit. (R1) the facility staff failed to uces fluid), Lyrica (used to delatonin (used to help sleep), Parkinson's disease, were istration. On the facility with diagnoses that not limited to congestive heart ence of cardiac pacemaker EMDS (minimum data set), a 5 tent with an ARD (assessment 03/24/2023, the resident so the BIMS (brief interview indicating the resident was remaking daily decisions. The order sheet) dated March in part, Give 2 (two) mg (milligrams)	F7	755		

NAME OF PROVIDER OR SUPPLIER LYNN CARE CENTER SUMMARY SYSTEMENT OF GENERACES 1000 SHEMANDOAH AVENUE FRONT ROYAL, VA 22530 PROPRIET SHEMANDOAH AVENUE FRONT ROYAL, VA 22530 PROPRIET SHEMANDOAH AVENUE FRONT ROYAL, VA 22530 PROPRIET SHEMANDOAH AVENUE FRONT ROYAL, VA 22530 FRONT ROYAL, VA 22530 PROPRIET SHEMANDOAH AVENUE FRONT ROYAL, VA 22530 FROYAL, VA 22530 FRONT ROYAL, VA 22530 FRONT ROYAL, VA 22530 FROYAL, VA 22530 FRONT ROYAL, VA 22530 FRONT ROYAL, VA 22530 FROYAL, VA 22530 FRONT ROYAL, VA 22530 FRONT ROYAL, VA 22530 FROYAL, VA 22530 FRONT ROYAL, VA 22530 FRONT ROYAL, VA 22530 FROYAL, VA 22530 FRONT ROYAL, VA 22530 FRONT ROYAL, VA 22530 FROYAL, VA 22530 FRONT ROYAL, VA 22530 FRONT ROYAL VA 22530 FRON	STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA AND PLAN OF CORRECTION IDENTIFICATION NUMBER:		(X2) MULT A. BUILDIN	IPLE CONSTRUCTION	1' '	MPLETED	
STREET ADDRESS, CITY, STRET, ZIP CODE 1009 SHENANDOM AVENUE FROM ROYAL, VA 22830			495316	B. WING_			C 07/25/2023
PREFIX TAG REGULATORY OR LOS IDENTIFYING INFORMATION) F 755 Continued From page 23 Lyrica Capsule. Give 150mg at by mouth bedtime. Start Date: 03/22/2023; Melatonin. Give 3 (three) mg by mouth at bedtime. Start Date: 03/22/2023; Melatonin. Give 3 (three) mg by mouth at bedtime. Start Date: 03/22/2023; Melatonin Give 3 (three) mg by mouth two times daily. Start Date: 03/22/2023; Mirapex Oral Tablet. Give one mg by mouth two times a day. Start Date: 03/22/2023. The eMAR (electronic medication administration record) for Rrl dated March 2023 documented the medications listed above. Further review failed to evidence the administration of pumex. Cefolinir, Eliquis, Glargine. Lyrica. Melatonin, Metoprolol and Mirapex on 03/22/2023. The facility's nursing progress notes for R1 dated 03/21/2023 through 03/24/2023 failed to evidence the medications listed above on the eMAR were administered. The Omnicell (automated medication dispensing system) inventory sheet dated 03/16/2023 failed to evidence Burnex, Lyrica, Melatonin, and Mirapex were stocked in the dispensing system and available for administration. On 07/25/2023 at approximately 12:05 p.m., an interview was conducted with LPN (licensed practical nurse) #7. When asked to describe the procedure for providing medications to residents upon their admission to the facility, LPN #7 stated that if the medication is not available from the pharmacy, the nurse will about the Omnicell and if it is in the system the nurse will administer the medication. After reviewing the Omnicell inventory sheet dated 03/16/2023 sheet stated that					1000 SHENANDOAH AVENUE		
Lyrica Capsule. Give 150mg at by mouth bedtime. Start Date: 03/22/2023; Melatonin. Give 3 (three) mp by mouth at bedtime. Start Date: 03/22/2023; Metoprolol (used to treat heart failure) Tablet 25mg. Give one tablet by mouth two times daily. Start Date: 03/22/2023. Mirapex Oral Tablet. Give one mg by mouth two times a day. Start Date: 03/22/2023. The eMAR (electronic medication administration record) for R1 dated March 2023 documented the medications listed above. Further review failed to evidence the administration of Burnex, Cefdinir, Eliquis, Glargine, Lyrica, Melatonin, Metoprolol and Mirapex on 03/22/2023. The facility's nursing progress notes for R1 dated 03/21/2023 through 03/24/2023 failed to evidence the medications listed above on the eMAR were administered. The Omnicell (automated medication dispensing system) inventory sheet dated 03/16/2023 failed to evidence burnex, Lyrica, Melatonin, and Mirapex were stocked in the dispensing system) inventory sheet dated 03/16/2023 failed to evidence burnex, Lyrica, Melatonin, and Mirapex were stocked in the dispensing system and available for administration. On 07/25/2023 at approximately 12:05 p.m., an interview was conducted with LPN (licensed practical nurse) #7. When asked to describe the procedure for providing medications to residents upon their admission to the facility, LPN #7 stated that if the medication is not available from the pharmacy, the nurse will deck the Omnicell and if it is in the system the nurse will administer the medication. After reviewing the Omnicell inventory sheet dated 03/16/2023 she stated that if the medication.	PREFIX	(EACH DEFICIEN	CY MUST BE PRECEDED BY FULL	PREFI	((EACH CORRECTIVE ACT CROSS-REFERENCED TO T	ION SHOULD BE HE APPROPRIATE	COMPLETION
FORM CMS-2567(02-99) Previous Versions Obsolete Event ID: EJ9S11 Facility ID: VA0260 If continuation sheet Page 24 of 29		Lyrica Capsule. Give bedtime. Start Date Melatonin. Give 3 (to bedtime. Start Date Metoprolol (used to 25mg. Give one tab Start Date: 03/22/20 Mirapex Oral Tablet times a day. Start D. The eMAR (electror record) for R1 dated medications listed a evidence the admin Eliquis, Glargine, Ly and Mirapex on 03/21/2023 through the medications liste administered. The Omnicell (autor system) inventory sto evidence Bumex Mirapex were stock and available for according to the medication of the medication practical nurse) #7. procedure for proving upon their admission that if the medication. After medication. After medication. After medications listed the medication listed	e 150mg at by mouth : 03/22/2023; hree) mg by mouth at : 03/22/2023; treat heart failure) Tablet elet by mouth two times daily. 23; Give one mg by mouth two ate: 03/22/2023. Ici medication administration I March 2023 documented the bove. Further review failed to estration of Bumex, Cefdinir, erica, Melatonin, Metoprolol 22/2023. Ig progress notes for R1 dated 03/24/2023 failed to evidence ed above on the eMAR were mated medication dispensing heet dated 03/16/2023 failed Lyrica, Melatonin, and ed in the dispensing system ministration. Improximately 12:05 p.m., an functed with LPN (licensed When asked to describe the ding medications to residents in to the facility, LPN #7 stated in is not available from the e will check the Omnicell and the nurse will administer the eviewing the Omnicell ed 03/16/2023 she stated that ed above not available for the				

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION A. BUILDING		(X3) DATE SURVEY COMPLETED		
		495316	B. WING _			07/2	; 25/2023
NAME OF PROVIDER OR SUPPLIER LYNN CARE CENTER				10	REET ADDRESS, CITY, STATE, ZIP CODE 00 SHENANDOAH AVENUE RONT ROYAL, VA 22630	1 0172	.0/2023
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)			<	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD B CROSS-REFERENCED TO THE APPROPRI DEFICIENCY)		(X5) COMPLETION DATE
F 755	(administrative staff r ASM # 2, assistant di made aware of the al No further information References: (1) A condition in whi enough blood to mee information was obtanttps://medlineplus.g (2) Helps control abruelectrical pulses to promal rate. It can sprontrol a fast heart richambers of the hea obtained from the wenttps://medlineplus.gledefibrillators.html. Label/Store Drugs and CFR(s): 483.45(g) Labeling Drugs and biological labeled in accordance professional principle appropriate accesso instructions, and the applicable.	proximately 2:45 p.m., ASM nember) # 1, administrator, irector of nursing, were pove findings. In was provided prior to exit. In the heart can't pump at the body's needs. This ined from the website: ov/heartfailure.html. It uses rompt the heart to beat at a peed up a slow heart rhythm, nythm, and coordinate the rt. This information was ebsite: ov/pacemakersandimplantab Ind Biologicals of Drugs and Biologicals is used in the facility must be see with currently accepted es, and include the ry and cautionary expiration date when		761	F761 1. Expired supplies removed from crash carts. 2. All residents of the facility have potential to affected by the allege deficient practice. The DON/design to add current dated supplies to carts. 3. DON/designee will educate Licensed nursing staff to check crearts dates when checking the creats.	the d gnee crash rash	
	§483.45(h)(1) In acc	of Drugs and Biologicals ordance with State and cility must store all drugs and			carts supplies to assure no supplinave expired.	ies	

PRINTED: 08/01/2023 FORM APPROVED OMB NO. 0938-0391

		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	1 ' '	MULTIPLE CONSTRUCTION JILDING		(X3) DATE SURVEY COMPLETED		
		495316	B. WING			07/		
NAME OF PROVIDER OR SUPPLIER LYNN CARE CENTER				STREET ADDRESS, CITY, STATE, ZIP CODE 1000 SHENANDOAH AVENUE FRONT ROYAL, VA 22630				
(X4) ID PREFIX TAG	FIX (EACH DEFICIENCY MUST BE PRECEDED BY FULL		ID PREFI TAG	EFIX (EACH CORRECTIVE ACTION SHOULD			(X5) COMPLETION DATE	
F 761	biologicals in locked temperature controls personnel to have ac §483.45(h)(2) The fallocked, permanently storage of controlled the Comprehensive IC Control Act of 1976 a abuse, except when package drug distributed quantity stored is mirrished readily detected. This REQUIREMENT by: Based on observation facility staff failed to was not available for (emergency) carts. The findings include: Observation was mand Shenandoah Garder approximately 11:30 external defibrillator) were no pads for the following items in the followi	compartments under proper and permit only authorized cess to the keys. cility must provide separately affixed compartments for drugs listed in Schedule II of Orug Abuse Prevention and not other drugs subject to the facility uses single unit ation systems in which the aimal and a missing dose can if is not met as evidenced on and staff interview, the ensure expired equipment use on three of three crash de of the crash cart on the as unit on 7/24/2023 at a.m. The AED (automotive was on top of the cart. There AED in the cart. The exart were expired: - expired - 12/17/2022 - set - two - expired - two - expired 11/11/2022 - two - expired 11/11/2021 - tus - three - expired	F.	761	4. DON/designee to audit weekly weeks to assure crash cart expire supplies have been removed from cart and current dated supplies in place. These results will be reviewed and discussed by the Interdisciplicant through the Quality Assuration process and corrective action plant into place as indicated based review, along with determinations related to ongoing monitoring. 5. Date of Compliance 8/21/2023	ed n the wed nary nce ns on		

		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTI A. BUILDIN	IPLE CONSTRUCTION NG		TE SURVEY MPLETED
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(X4) ID PREFIX TAG	(EACH DEFICIENC	ATEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN C (EACH CORRECTIVE AI CROSS-REFERENCED TO DEFICIE	CTION SHOULD BE O THE APPROPRIATE	(X5) COMPLETION DATE
F 761	expired - January 20: Primary PLUM Set - The "Daily Checklist" (AED) Cart" was sign checked for the past Observation was man the entrance door, do approximately 11:55 the cart were expired Yankauers Suction H4/1/2023 Phillips Heart Start S7/24/2022 Air Life Nasal Cannut Tegaderm dressing - Primary PLUM Set - 0.9% Sodium Chlorid expired 1/1/2022 20 G x1" Needle - Pri 12/7/2021 Observation was man Blue Ridge Terrace of	and 1/1/2022 % 1000 cc bag - two - 23 one - expired 1/3/2023 for BLS (basic life support) ned every day as being four months. de of the crash cart next to por 12, on 7/24/2023 at a.m. The following items in december 12: I andle - two - expired I a - one expired 5/20/2022 I one - expired 9/3/2022 I one - expired 11/11/2022 I one - expired 3/1/2023 I de 10 cc syringe - one - 1/2023 I de of the crash cart on the unit on 7/24/2023 at p.m. The following items in	F7	761		
:	10/20/2017 Non-Conductive Suc 2/1/2023 Biogel PI Ultra Toucl 6/1/2020. On 7/24/2023 at 12::	Handle - one - expired ction Tubing - one - expired - n Gloves - one - expired - 37 p.m., an interview was (registered nurse) #5. When				

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F 761	asked the process fo RN #5 stated the night night. RN #5 was ask and RN #5 stated the machine to ensure it' fully stocked. When checking for expired they should be. RN # is restocked. On 7/25/2023 at 11:5 conducted with ASM member) #2, the ass When asked how the ASM #2 stated they at the night supervisor. they are checking, A check list and make drawers. They check and turns on, checks has a clean canister the oxygen tank is ful for expired items, AS and that expired item When asked if there we shouldn't use exp stated, yes, it's a haz outdated and can ca integrity of the packat they are out of date. On 7/25/2023 at 2:4 administrator, ASM #3 nurse consultant, AS nursing, ASM #8, the and ASM #9, the regwere made aware of	r checking the crash carts, ht supervisor checked it at seed what are they checking, by are plugging in the suction is working and make sure it's asked if they should be supplies, RN #5 stated, yes, 45 stated if the cart is used it is stant director of nursing. It is crash carts are checked, are checked every night by ASM #2 was asked what SM #2 stated the go by the sure it has everything in the stant the AED is on the top is the suction is on there and it and tubing and make sure ill. When asked if they check is a hazard or reason why bired equipment, ASM #2 zard because they are use an infection. The age cannot be guaranteed if the power in the interim director of the regional nurse consultant, gional director of operations,	F	761			

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