STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	495316	A. BUILDING _____ B. WING _____	C 07/25/2023

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
LYNN CARE CENTER	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 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 7/24/2023 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), VA00059200 (substantiated with deficiency); VA00059208 (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 000		
F 580 SS=E	Notify of Changes (Injury/Decline/Room, etc.) CFR(s): 483.10(g)(14)(i)-(iv)(15) §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- (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	F 580	F580 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-ray results on 5/26/2023. Provider notified of Resident #3 Clonazepam not available on 2/27/2023 and 2/28/2023. 2. All residents of the facility have the potential to be affected by the alleged deficient practice. DON/designee will audit all current patients to x2 weeks and notify provider of any missed medication administrations. DON/designee to audit all falls in the past two weeks to assure Resident Responsible party notified. DON/designee to audit all x-rays results in the past two weeks to assure Responsible party notified of results.	

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE: Paul E. Clements | TITLE: Administrator | (X6) DATE: 8/7/2023

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

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	495316	A. BUILDING _____ B. WING _____	C 07/25/2023

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F 580	Continued From page 1 §483.15(c)(1)(ii). (ii) When making notification under paragraph (g)(14)(i) of this section, the facility must ensure that all pertinent information specified in §483.15(c)(2) is available and provided upon request to the physician. (iii) The facility must also promptly notify the resident and the resident representative, if any, when there is- (A) A change in room or roommate assignment as specified in §483.10(e)(6); or (B) A change in resident rights under Federal or State law or regulations as specified in paragraph (e)(10) of this section. (iv) The facility must record and periodically update the address (mailing and email) and phone number of the resident representative(s). §483.10(g)(15) Admission to a composite distinct part. A facility that is a composite distinct part (as defined in §483.5) must disclose in its admission agreement its physical configuration, including the various locations that comprise the composite distinct part, and must specify the policies that apply to room changes between its different locations under §483.15(c)(9). This REQUIREMENT is not met as evidenced by: Based on staff interview, clinical record review, and facility document review, it was determined that the facility staff failed to notify the physician and/or the responsible party when medications were not available, not administered and/or there was a change in condition, for two of seven residents in the survey sample, Resident #1 and Resident #3.	F 580	3. DON/designee will educate Licensed nursing staff to notify provider and responsible party notified regarding medication not available. Licensed nursing staff will be educated to notify Responsible party for falls and x-ray results. 4. DON/designee to audit all current patients for missed medication administrations and notify provider 3x week x4 weeks. DON/designee to audit falls 3x week x4 weeks to assure Responsible party was notified of fall. DON/designee to audit x-ray results 3x week x4 weeks to assure resident responsible party notified. These results will be reviewed and discussed by the Interdisciplinary Team through the Quality Assurance process and corrective action plans put into place as indicated based on review, along with determinations related to ongoing monitoring. 5. Date of Compliance 8/21/2023.	

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	495316	A. BUILDING _____ B. WING _____	C 07/25/2023

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F 580	Continued From page 2	F 580		

The findings include:

1. For Resident #1 (R1), the facility staff failed to notify the physician and the responsible party that the medications, Bumex (reduces fluid), Cefdinir (antibiotic), Eliquis (reduces risk if blood clot), Insulin Glargine (used to control blood sugar), Lyrica (used to treat nerve pain), Melatonin (used to help sleep), Mirapex (used for Parkinson's disease) and Metoprolol (used to treat heart failure)were not administered on 03/22/2023 and Bumex, Lyrica, Mirapex and Melatonin were not available.

R1 was admitted to the facility with diagnoses that included but were not limited to congestive heart failure (1) and presence of cardiac pacemaker (2).

On the most recent MDS (minimum data set), a 5 (five)-Day assessment with an ARD (assessment reference date) of 03/24/2023, the resident scored 14 out of 15 on the BIMS (brief interview for mental status), indicating the resident was cognitively intact for making daily decisions.

Review of R1's clinical record revealed that R1 was her own responsible party.

The POS (physicians order sheet) dated March 2023 documented in part:
Bumex Oral Tablet. Give 2 (two) mg (milligrams) by mouth two times a day. Start Date:03/22/2023;
Cefdinir Oral Capsule. Give 300mg by mouth two times a day. Start Date: 03/23/2023;
Eliquis Oral Tablet. Give 5 (five) mg by mouth two times a day. Start Date:03/22/2023;
Insulin Glargine. Inject 48 units subcutaneously

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	495316	A. BUILDING _____ B. WING _____	C 07/25/2023

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F 580	Continued From page 3	F 580		

(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 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 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

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	495316	A. BUILDING _____ B. WING _____	C 07/25/2023

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
LYNN CARE CENTER	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 PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETION DATE
F 580	Continued From page 4	F 580		

progress notes for R1 dated 03/21/2023 through 03/24/2023 she stated that there was no evidence documentation that the physician and R1 were notified that the medications listed above were not administered or available.

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/pacemakersandimplantableledefibrillators.html.

2. For Resident #3, the facility failed to notify the responsible party (RP) of Resident #3's fall on 5/23/23 and x-ray results of left shoulder on 5/26/23; and failed to notify the physician of the medication clonazepam not available for the resident on 2/27/23 and 2/28/23.

Resident #3 was admitted to the facility on 3/12/19 with diagnoses that include but are not limited to: dementia, history of falls, anxiety and depression.

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	495316	A. BUILDING _____ B. WING _____	C 07/25/2023

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
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F 580	Continued From page 5	F 580		

Resident #3's most recent MDS (minimum data set) assessment, a quarterly assessment, with an assessment reference date of 5/30/23, coded the resident as scoring 06 out of 15 on the BIMS (brief interview for mental status) score, indicating the resident was severely cognitively impaired.

A review of the physician's progress note dated 3/1/23 at 9:15 AM, revealed, "Resident is a (age/gender) who is being seen today for recert and with complaints. Her clonopin was delayed yesterday and patient is restless and anxious. Her daughter is frustrated."

A review of the physician's progress note dated 3/3/23 at 8:43 AM, revealed, "Resident was able to get her clonopin, though we had to use the facility's reserve. This has benefit. Resident is comfortable and calm this morning."

A review of the fall investigation for 5/24/23 at 11:18 AM, revealed, "Resident daughter called and reported to this nurse, said her mom told her she fell in the shower last evening 5/23/23, said her mom is complaining of left shoulder pain. This nurse assessed resident; no bruising noted. Resident lifter her left arm slow and guarded movement. This nurse notified on call physician and obtained order to get x-ray of area."

A review of the nursing note dated 5/26/23 at 10:16 AM, revealed, "Left a message for daughter to let her know writer called (X-ray Company Name) and was told they should be in today to x-ray her left shoulder and humerus per MD order.

A review of the x-ray findings dated 5/26/23 revealed, "Impression: Prominent degenerative

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	495316	A. BUILDING _____ B. WING _____	C 07/25/2023

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
LYNN CARE CENTER	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 PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETION DATE
F 580	Continued From page 6	F 580		

changes in left shoulder. No acute process seen."

A review of the NP (nurse practitioner) note dated 5/28/23 at 9:52 AM, revealed, "Patient with recent fall without injury. Pharmacy has reviewed medications and inquiries about trial of GDR (gradual dose reduction) of mood medications...Will continue with current medications and continue to closely monitor."

A review of the physician note dated 5/31/23 at 9:27 AM, revealed, "As mentioned Xray shows quite severe OA osteoarthritis) changes and old bony fragments that I associated with rotator cuff arthropathy and old injuries. I do not think this represents new injury. Resident reports her pain has resolved and her ROM (range of motion) has improved. This is now back to its old baseline. She has fair ROM. She's able to lift arm above her head and move around without pain. She does not want to see ortho. I would like her to consider PT (physical therapy). I would like her to consider scheduled Tylenol. I will get her to ortho anytime resident or her family would like."

There is no documentation in the progress notes that Resident #3's RP was notified of the x-ray results of the left shoulder on 5/26/23, or that the physician was notified that the clonazepam was not available from pharmacy on 2/27/23 and 2/28/23.

An interview was conducted on 7/24/23 at 3:00 PM, with ASM (administrative staff member) #4, the medical director. When asked about any antipsychotic medications for Resident #3, ASM #4 stated, "She is not on an anti-psychotic medicine, she is on an anti-anxiety and

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	495316	A. BUILDING _____ B. WING _____	C 07/25/2023

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
LYNN CARE CENTER	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 PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETION DATE
F 580	Continued From page 7	F 580		

anti-depressant. 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." When asked were they informed of the medication not being available, ASM #4 stated, "Not sure specifically."

An interview was conducted on 7/25/23 at 10:50 AM with LPN (licensed practical nurse) #4. When asked about the fall on 5/23/23 for Resident #3, LPN #4 stated, "Yes, the daughter called and told me. I went to the resident and assessed her and followed up with her. There was no bruising or injury and the resident was able to move her left arm up slowly and without any issues. I called the physician and got an order for x-ray of the shoulder. The x-ray was negative for acute injury."

An interview was conducted on 7/25/23 at 12:00 PM with CNA (certified nursing assistant) #7, when asked to describe the events of 5/23/23 with Resident #3, CNA #7 stated, "We were in the shower room and I had just finished the shower. She said she was feeling weak and I told her I would get her back to her room quickly. I finished dressing her and she looked like she was going to fall, so I lowered her to the floor. I got her wheelchair and got her back up into the wheelchair and got her out of bathroom and to her room." CNA #7 stated, "Because I lowered her to the floor, I did not realize that it was considered a fall and so I never let her nurse know about lowering her to the floor. She was better once she was in bed in her room and drank some water. The resident did not fall on her own or have any injury. I let them know first thing in the morning."

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	495316	A. BUILDING _____ B. WING _____	C 07/25/2023

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
LYNN CARE CENTER	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 PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETION DATE
F 580	Continued From page 8 On 7/25/23 at approximately 2:45 PM, ASM (administrative staff member) #1, the administrator, ASM #2, the assistant director of nursing, ASM #6, the regional nurse consultant, ASM #7 the interim director of nursing and ASM #8, the regional nurse consultant and ASM #9 the regional director of operations was made aware of the findings. No further information was provided prior to exit.	F 580		
F 656 SS=D	Develop/Implement Comprehensive Care Plan CFR(s): 483.21(b)(1)(3) §483.21(b) Comprehensive Care Plans §483.21(b)(1) The facility must develop and implement a comprehensive person-centered care plan for each resident, consistent with the resident rights set forth at §483.10(c)(2) and §483.10(c)(3), that includes measurable objectives and timeframes to meet a resident's medical, nursing, and mental and psychosocial needs that are identified in the comprehensive assessment. The comprehensive care plan must describe the following - (i) The services that are to be furnished to attain or maintain the resident's highest practicable physical, mental, and psychosocial well-being as required under §483.24, §483.25 or §483.40; and (ii) Any services that would otherwise be required under §483.24, §483.25 or §483.40 but are not provided due to the resident's exercise of rights under §483.10, including the right to refuse treatment under §483.10(c)(6). (iii) Any specialized services or specialized rehabilitative services the nursing facility will provide as a result of PASARR recommendations. If a facility disagrees with the findings of the PASARR, it must indicate its	F 656	F656 1. Resident #3 Careplan current for anxiety, provider notified of Clonazepam not available on 2/27/2023 and 2/28/2023. 2. All residents of the facility have the potential to be affected by the alleged deficient practice. The DON/designee to audit all current residents to assure anxiety careplan in place and interventions followed. 3. DON/designee will educate Licensed nursing staff to assure careplan in place for anxiety medication and interventions are followed. 4. DON/designee to audit new antianxiety medications weekly x4 weeks to assure careplan in place for anxiety and interventions are followed. These results will be reviewed and discussed by the Interdisciplinary Team through the Quality Assurance process and corrective action plans put into place as indicated based on review, along with determinations related to ongoing monitoring. 5. Date of Compliance 8/21/2023.	

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	495316	A. BUILDING _____ B. WING _____	C 07/25/2023

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
LYNN CARE CENTER	1000 SHENANDOAH AVENUE FRONT ROYAL, VA 22630

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F 656	Continued From page 9	F 656		

rationale in the resident's medical record.
(iv)In consultation with the resident and the resident's representative(s)-
(A) The resident's goals for admission and desired outcomes.
(B) The resident's preference and potential for future discharge. Facilities must document whether the resident's desire to return to the community was assessed and any referrals to local contact agencies and/or other appropriate entities, for this purpose.
(C) Discharge plans in the comprehensive care plan, as appropriate, in accordance with the requirements set forth in paragraph (c) of this section.
§483.21(b)(3) The services provided or arranged by the facility, as outlined by the comprehensive care plan, must-
(iii) Be culturally-competent and trauma-informed.
This REQUIREMENT is not met as evidenced by:
Based on staff interview, clinical record review, and facility document review, it was determined the facility staff failed to implement the comprehensive care plan for one of seven residents in the survey sample, Resident #3.

The findings include:

For Resident #3, the facility staff failed to implement the comprehensive care plan for medication administration as ordered by the physician.

Resident #3 was admitted to the facility on 3/12/19 with diagnoses that include but are not limited to: dementia, history of falls, anxiety and depression.

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	495316	A. BUILDING _____ B. WING _____	C 07/25/2023

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
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(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETION DATE
F 656	Continued From page 10	F 656		

Resident #3's most recent MDS (minimum data set) assessment, a quarterly assessment, with an assessment reference date of 5/30/23, coded the resident as scoring 06 out of 15 on the BIMS (brief interview for mental status) score, indicating the resident was severely cognitively impaired.

A review of the comprehensive care plan dated 9/20/22 and revised on 6/1/23 revealed, "FOCUS:...Resident has a mood problem related to diagnosis of depression, anxiety, and mood disorder. Resident has had a fall and is at risk for falls related to history of falls, impaired mobility at times, and psychotropic med use. She can be impulsive with poor safety awareness... INTERVENTIONS:...Administer medications as ordered. Monitor/document for side effects and effectiveness..."

A review of the physician's order dated 4/12/22, revealed, "clonazepam 0.5MG (milligram) TAB. Give 1 tablet orally at bedtime related to anxiety disorder."

A review of the February 2023 MAR (medication administration record) revealed, "clonazepam 0.5MG (milligram) TAB. Give 1 tablet orally at bedtime related to anxiety disorder." Medication was refused at 8:00 PM on 2/25/23 and 2/26/23. Medication was documented as "other/see progress note" on 2/27/23 and 2/28/23. A review of the March 2023 MAR, revealed, "clonazepam 0.5MG (milligram) TAB. Give 1 tablet orally at bedtime related to anxiety disorder." Medication was documented as "other/see progress note" on 3/1/23.

A review of the progress notes dated 2/27/23 at 8:25 PM and 2/28/23 at 9:02 PM, revealed,

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	495316	A. BUILDING _____ B. WING _____	C 07/25/2023

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
LYNN CARE CENTER	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 PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETION DATE
F 656	Continued From page 11	F 656		

"clonazepam 0.5MG TAB Give 1 tablet orally at bedtime related to anxiety disorder. Not on hand, will order from pharmacy."

A review of the pharmacy delivery manifest dated 1/25/23 at 5:34 AM, revealed, "clonazepam 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 emergency drug supply in the automated medication dispensing system (Omnicell) for 2/27/23, 2/28/23 and 3/1/23.

A review of the physician's progress note dated 3/1/23 at 9:15 AM, revealed, "Resident is a (age/gender) who is being seen today for recert and with complaints. Her clonopin was delayed yesterday and patient is restless and anxious. Her daughter is frustrated."

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

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	495316	A. BUILDING _____ B. WING _____	C 07/25/2023

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
LYNN CARE CENTER	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 PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETION DATE
F 656	Continued From page 12 previously dispensed based on number of days physician order." When asked if the care plan was being followed when the intervention included "administer medications as ordered" and medications were not available, RN #3 stated, no, the care plan is not being followed. On 7/25/23 at approximately 2:45 PM, ASM (administrative staff member) #1, the administrator, ASM #2, the assistant director of nursing, ASM #6, the regional nurse consultant, ASM #7 the interim director of nursing and ASM #8, the regional nurse consultant and ASM #9 the regional director of operations was made aware of the findings. According to the facility's "Care Plan Goals and Objectives" policy, "Care plans shall incorporate goals and objectives that lead to the resident's highest obtainable level of independence. Care plan goals and objectives are defined as the desired outcome for a specific resident problem or opportunity." No further information was provided prior to exit.	F 656		
F 658 SS=E	Services Provided Meet Professional Standards CFR(s): 483.21(b)(3)(i) §483.21(b)(3) Comprehensive Care Plans The services provided or arranged by the facility, as outlined by the comprehensive care plan, must- (i) Meet professional standards of quality. This REQUIREMENT is not met as evidenced by: Based on staff interview, clinical record review and facility document review, it was determined the facility staff failed to meet professional	F 658	F658 1. Resident #1 is no longer at facility. Provider notified of failure to administer Clonazepam for patient #3 on 2/27/2023, 2/28/2023, and 3/1/2023. 2. All residents of the facility have the potential to be affected by the alleged deficient practice. DON/designee will audit all current patients to x2 weeks and notify provider of any missed medication administrations.	

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	495316	A. BUILDING _____ B. WING _____	C 07/25/2023

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
LYNN CARE CENTER	1000 SHENANDOAH AVENUE FRONT ROYAL, VA 22630

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F 658	Continued From page 13 standards of medication administration for two of seven residents in the survey sample, Resident #3 and #1. The findings include: 1. For Resident #3, the facility staff failed to administer medications as ordered. Resident #3 was admitted to the facility on 3/12/19 with diagnoses that include but are not limited to: dementia, history of falls, anxiety and depression. Resident #3's most recent MDS (minimum data set) assessment, a quarterly assessment, with an assessment reference date of 5/30/23, coded the resident as scoring 06 out of 15 on the BIMS (brief interview for mental status) score, indicating the resident was severely cognitively impaired. A review of the comprehensive care plan dated 9/20/22 and revised on 6/1/23, revealed, "FOCUS:...Resident has a mood problem related to diagnosis of depression, anxiety, and mood disorder. Resident has had a fall and is at risk for falls related to history of falls, impaired mobility at times, and psychotropic med use. She can be impulsive with poor safety awareness... INTERVENTIONS:...Administer medications as ordered. Monitor/document for side effects and effectiveness..." A review of the physician's order dated 4/12/22, revealed, "clonazepam 0.5MG (milligram) TAB. Give 1 tablet orally at bedtime related to anxiety disorder." A review of the February 2023 MAR (medication	F 658	3. DON/designee will educate Licensed nursing staff to notify provider and responsible party notified regarding medication not available. 4. DON/designee to audit all current patients for missed medication administrations and notify provider 3x week x4 weeks. These results will be reviewed and discussed by the Interdisciplinary Team through the Quality Assurance process and corrective action plans put into place as indicated based on review, along with determinations related to ongoing monitoring. 5. Date of Compliance 8/21/2023.	

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	495316	A. BUILDING _____ B. WING _____	C 07/25/2023

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
LYNN CARE CENTER	1000 SHENANDOAH AVENUE FRONT ROYAL, VA 22630

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F 658	Continued From page 14	F 658		

administration record) revealed, "clonazepam 0.5MG (milligram) TAB. Give 1 tablet orally at bedtime related to anxiety disorder." Medication was refused at 8:00 PM on 2/25/23 and 2/26/23. Medication was documented as "other/see progress note" on 2/27/23 and 2/28/23. A review of the March 2023 MAR, revealed, "clonazepam 0.5MG (milligram) TAB. Give 1 tablet orally at bedtime related to anxiety disorder." Medication was documented as "other/see progress note" on 3/1/23.

A review of the progress notes dated 2/27/23 at 8:25 PM and 2/28/23 at 9:02 PM revealed, "clonazepam 0.5MG TAB Give 1 tablet orally at bedtime related to anxiety disorder. Not on hand, will order from pharmacy."

A review of the pharmacy delivery manifest dated 1/25/23 at 5:34 AM, revealed, "clonazepam 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 emergency drug supply automated medication (Omnicell) for 2/27/23, 2/28/23 and 3/1/23.

A review of the physician's progress note dated 3/1/23 at 9:15 AM, revealed, "Resident is a age/gender who is being seen today for recert

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	495316	A. BUILDING _____ B. WING _____	C 07/25/2023

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
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F 658	Continued From page 15	F 658		

and with complaints. Her clonopin was delayed yesterday and patient is restless and anxious. Her daughter is frustrated."

A review of the physician's progress note dated 3/3/23 at 8:43 AM, revealed, "Resident was able to get her clonopin, though we had to use the facility's reserve. This has benefit. Resident is comfortable and calm this morning."

An interview was conducted on 7/24/23 at 3:00 PM, with ASM (administrative staff member) #4, the medical director. When asked about Resident #3 medications, ASM #4 stated, "She is on an anti-anxiety. 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. When asked if there was evidence of physician notification, RN #1 stated, no, there is not. When asked if the clonazepam was available in the Omnicell during that time, RN #3 stated, the agency staff do not have access to the Omnicell. There is not always someone available to give us access on the off shifts.

An interview was conducted on 7/25/23 at 12:30

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	495316	A. BUILDING _____ B. WING _____	C 07/25/2023

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
LYNN CARE CENTER	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 PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETION DATE
F 658	Continued From page 16 PM, with ASM #2, the assistant director of nursing. When asked how staff get access to Omnicell on off shifts, ASM #2 stated, "We always have a nurse leader on call, they are to call the on-call nurse to come in and give them access." On 7/25/23 at approximately 2:45 PM, ASM (administrative staff member) #1, the administrator, ASM #2, the assistant director of nursing, ASM #6, the regional nurse consultant, ASM #7 the interim director of nursing and ASM #8, the regional nurse consultant and ASM #9 the regional director of operations was made aware of the findings. According to the facility's "Conformity with Laws and Professional Standards" policy, "Our facility operates and provides services in compliance with current federal, state, and local laws, regulations, codes and professional standards of practice that apply to our facility and types of services provided." No further information was provided prior to exit. 2. For Resident #1 (R1), the facility staff failed to administer Cefdinir (antibiotic), Eliquis (reduces risk if blood clot), Insulin Glargine (used to control blood sugar) and Metoprolol (used to treat heart failure) according to the physician's orders on 03/22/2023. R1 was admitted to the facility with diagnoses that included but were not limited to congestive heart failure (1) and presence of cardiac pacemaker (2). On the most recent MDS (minimum data set), a 5 (five)-Day assessment with an ARD (assessment	F 658		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	495316	A. BUILDING _____ B. WING _____	C 07/25/2023

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
LYNN CARE CENTER	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 PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETION DATE
F 658	Continued From page 17	F 658		

reference date) of 03/24/2023, the resident scored 14 out of 15 on the BIMS (brief interview for mental status), indicating the resident was cognitively intact for making daily decisions.

The POS (physicians order sheet) dated March 2023 documented in part;
Cefdinir Oral Capsule. Give 300mg by mouth two times a day. Start Date: 03/23/2023.
Eliquis Oral Tablet. Give 5 (five) mg by mouth two times a day. Start Date:03/22/2023.
Insulin Glargine. Inject 48 units subcutaneously (under the skin) at bedtime. Start Date: 03/22/2023.
Metoprolol Tablet 25mg. Give one tablet by mouth two times daily. 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 the medications listed above 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 on 03/22/2023.

The Omnicell (automated medication dispensing system) inventory sheet dated 03/16/2023 documented that Cefdinir, Eliquis, Glargine, Metoprolol were stocked in the automatic medication dispensing system (Omnicell) 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

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	495316	A. BUILDING _____ B. WING _____	C 07/25/2023

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
LYNN CARE CENTER	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 PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETION DATE
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/pacemakersandimplantableledefibrillators.html.	F 658		
F 755 SS=E	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 755	F755 1. Resident #1 no longer at facility. Provider notified of Resident #3 Clonazepam not available on 2/27/2023, 2/28/2023, and 3/1/2023.	

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	495316	A. BUILDING _____ B. WING _____	C 07/25/2023

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
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F 755	Continued From page 19 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 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 staff interview, facility document review and clinical record review, it was determined that the facility staff failed to provide pharmacy services in a timely manner for two of seven residents, Resident #3 and #1. The findings include: 1. For Resident #3, the facility staff failed to ensure the antianxiety medication, clonazepam, was available for administration.	F 755	2. All residents of the facility have the potential to be affected by the alleged deficient practice. DON/designee will audit all current patients to x2 weeks and notify provider of any missed medication administrations. 3. DON/designee will educate Licensed nursing staff to notify provider and responsible party notified regarding medication not available. 4. DON/designee to audit new admissions 3x week x 4 weeks to assure provider and responsible party notified of missed medications. DON/designee to audit Clonazepam 3x week x4 weeks to assure provider was notified when not available. These results will be reviewed and discussed by the Interdisciplinary Team through the Quality Assurance process and corrective action plans put into place as indicated based on review, along with determinations related to ongoing monitoring. 5. Date of Compliance 8/21/2023.	

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	495316	A. BUILDING _____ B. WING _____	C 07/25/2023

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
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F 755	Continued From page 20 Resident #3 was admitted to the facility on 3/12/19 with diagnoses that include but are not limited to: dementia, history of falls, anxiety and depression. Resident #3's most recent MDS (minimum data set) assessment, a quarterly assessment, with an assessment reference date of 5/30/23, coded the resident as scoring 06 out of 15 on the BIMS (brief interview for mental status) score, indicating the resident was severely cognitively impaired. A review of the physician's order dated 4/12/22, revealed, "clonazepam 0.5MG (milligram) TAB. Give 1 tablet orally at bedtime related to anxiety disorder." A review of the February 2023 MAR (medication administration record) revealed, "clonazepam 0.5MG (milligram) TAB. Give 1 tablet orally at bedtime related to anxiety disorder." The medication was documented as "other/see progress note" on 2/27/23 and 2/28/23. A review of the March 2023 MAR, revealed, "clonazepam 0.5MG (milligram) TAB. Give 1 tablet orally at bedtime related to anxiety disorder." Medication was documented as "other/see progress note" on 3/1/23. A review of the progress notes dated 2/27/23 at 8:25 PM and 2/28/23 at 9:02 PM, revealed, "clonazepam 0.5MG TAB Give 1 tablet orally at bedtime related to anxiety disorder. Not on hand, will order from pharmacy." A review of the pharmacy delivery manifest dated 1/25/23 at 5:34 AM, revealed, "clonazepam	F 755		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	495316	A. BUILDING _____ B. WING _____	C 07/25/2023

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
LYNN CARE CENTER	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 PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETION DATE
F 755	Continued From page 21	F 755		

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

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	495316	A. BUILDING _____ B. WING _____	C 07/25/2023

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
LYNN CARE CENTER	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 PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETION DATE
F 755	Continued From page 22	F 755		

we went under new leadership in January/February 2022, we did not change pharmacy. We have been having issues with getting medication delivered timely and are working with them on what we need."

On 7/25/23 at approximately 2:45 PM, ASM #1, the administrator, ASM #2, the assistant director of nursing, ASM #6, the regional nurse consultant, ASM #7 the interim director of nursing and ASM #8, the regional nurse consultant and ASM #9 the regional director of operations was made aware of the findings.

No further information was provided prior to exit.

2. For Resident #1 (R1) the facility staff failed to ensure Bumex (reduces fluid), Lyrica (used to treat nerve pain), Melatonin (used to help sleep), Mirapex (used for Parkinson's disease, were available for administration.

R1 was admitted to the facility with diagnoses that included but were not limited to congestive heart failure (1) and presence of cardiac pacemaker (2).

On the most recent MDS (minimum data set), a 5 (five)-Day assessment with an ARD (assessment reference date) of 03/24/2023, the resident scored 14 out of 15 on the BIMS (brief interview for mental status), indicating the resident was cognitively intact for making daily decisions.

The POS (physicians order sheet) dated March 2023 documented in part,
Bumex Oral Tablet. Give 2 (two) mg (milligrams) by mouth two times a day. Start Date:03/22/2023;

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	495316	A. BUILDING _____ B. WING _____	C 07/25/2023

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
LYNN CARE CENTER	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 PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETION DATE
F 755	Continued From page 23	F 755		

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.

The Omnicell (automated medication dispensing system) inventory sheet dated 03/16/2023 failed to evidence Bumex, 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 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 not available for the

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	495316	A. BUILDING _____ B. WING _____	C 07/25/2023

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F 755	Continued From page 24 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/pacemakersandimplantabledefibrillators.html.	F 755		
F 761 SS=E	Label/Store Drugs and Biologicals CFR(s): 483.45(g)(h)(1)(2) §483.45(g) Labeling of Drugs and Biologicals Drugs and biologicals used in the facility must be labeled in accordance with currently accepted professional principles, and include the appropriate accessory and cautionary instructions, and the expiration date when applicable. §483.45(h) Storage of Drugs and Biologicals §483.45(h)(1) In accordance with State and Federal laws, the facility must store all drugs and	F 761	F761 1. Expired supplies removed from all 3 crash carts. 2. All residents of the facility have the potential to affected by the alleged deficient practice. The DON/designee to add current dated supplies to crash carts. 3. DON/designee will educate Licensed nursing staff to check crash carts dates when checking the crash carts supplies to assure no supplies have expired.	

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F 761	Continued From page 25 biologicals in locked compartments under proper temperature controls, and permit only authorized personnel to have access to the keys. §483.45(h)(2) The facility must provide separately locked, permanently affixed compartments for storage of controlled drugs listed in Schedule II of the Comprehensive Drug Abuse Prevention and Control Act of 1976 and other drugs subject to abuse, except when the facility uses single unit package drug distribution systems in which the quantity stored is minimal and a missing dose can be readily detected. This REQUIREMENT is not met as evidenced by: Based on observation and staff interview, the facility staff failed to ensure expired equipment was not available for use on three of three crash (emergency) carts. The findings include: Observation was made of the crash cart on the Shenandoah Gardens unit on 7/24/2023 at approximately 11:30 a.m. The AED (automotive external defibrillator) was on top of the cart. There were no pads for the AED in the cart. The following items in the cart were expired: IV Start Kit - four kits - expired - 12/17/2022 Small Bore Extension Set - two - expired 12/31/2022 Tegaderm dressings - two - expired 11/11/2022 Needles: 20 G (gauge) x 1" (one inch) Protect IV PLUS -one - expired 12/7/2021 22G x 1 Protect IV PLUS - three - expired 5/19/2023 22 G x 1 Protect IV PLUS - two - expired 6/7/2022 0.9% Sodium Chloride 10 cc (cubic centimeters)	F 761	4. DON/designee to audit weekly x4 weeks to assure crash cart expired supplies have been removed from the cart and current dated supplies in place. These results will be reviewed and discussed by the Interdisciplinary Team through the Quality Assurance process and corrective action plans put into place as indicated based on review, along with determinations related to ongoing monitoring. 5. Date of Compliance 8/21/2023.	

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F 761	Continued From page 26 syringe - one - expired 1/1/2022 Sodium Chloride 0.9% 1000 cc bag - two - expired - January 2023 Primary PLUM Set - one - expired 1/3/2023 The "Daily Checklist for BLS (basic life support) (AED) Cart" was signed every day as being checked for the past four months. Observation was made of the crash cart next to the entrance door, door 12, on 7/24/2023 at approximately 11:55 a.m. The following items in the cart were expired: Yankauers Suction Handle - two - expired 4/1/2023 Phillips Heart Start Smart Pads - one - expired 7/24/2022 Air Life Nasal Cannula - one expired 5/20/2022 Tegaderm dressing - one - expired 9/3/2022 Tegaderm dressing - one - expired 11/11/2022 Primary PLUM Set - one - expired 3/1/2023 0.9% Sodium Chloride 10 cc syringe - one - expired 1/1/2022 20 G x1" Needle - Protect IV plus - one - expired 12/7/2021 Observation was made of the crash cart on the Blue Ridge Terrace unit on 7/24/2023 at approximately 12:25 p.m. The following items in the cart were expired: Yankauers Suction Handle - one - expired 10/20/2017 Non-Conductive Suction Tubing - one - expired - 2/1/2023 Biogel PI Ultra Touch Gloves - one - expired - 6/1/2020. On 7/24/2023 at 12:37 p.m., an interview was conducted with RN (registered nurse) #5. When	F 761		

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F 761	Continued From page 27	F 761		

asked the process for checking the crash carts, RN #5 stated the night supervisor checked it at night. RN #5 was asked what are they checking, and RN #5 stated they are plugging in the suction machine to ensure it's working and make sure it's fully stocked. When asked if they should be checking for expired supplies, RN #5 stated, yes, they should be. RN #5 stated if the cart is used it is restocked.

On 7/25/2023 at 11:55 a.m., an interview was conducted with ASM (administrative staff member) #2, the assistant director of nursing. When asked how the crash carts are checked, ASM #2 stated they are checked every night by the night supervisor. ASM #2 was asked what they are checking, ASM #2 stated the go by the check list and make sure it has everything in the drawers. They check that the AED is on the top and turns on, checks the suction is on there and it has a clean canister and tubing and make sure the oxygen tank is full. When asked if they check for expired items, ASM #2 stated they should be, and that expired items should not be on the cart. When asked if there is a hazard or reason why we shouldn't use expired equipment, ASM #2 stated, yes, it's a hazard because they are outdated and can cause an infection. The integrity of the package cannot be guaranteed if they are out of date.

On 7/25/2023 at 2:45 p.m., ASM #1, the administrator, ASM #2, ASM #4, the regional nurse consultant, ASM #7, the interim director of nursing, ASM #8, the regional nurse consultant, and ASM #9, the regional director of operations, were made aware of the above concern.

No further information was provided prior to exit.

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