PRINTED: 09/25/2023 FORM APPROVED OMB NO. 0938-0391

	OF DEFICIENCIES F CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:			CONSTRUCTION		SURVEY PLETED	
		495339	B. WING		·		C 09/12/2023	
	ROVIDER OR SUPPLIER	SING		20	TREET ADDRESS, CITY, STATE, ZIP CODE 003 COBB STREET FARMVILLE, VA 23901			
(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 I CROSS-REFERENCED TO THE APPROPR DEFICIENCY)	BE	(X5) COMPLETION DATE	
F 656 SS=D	standard survey was 9/12/23. One complaid (VA00059603-substand Corrections are required. CFR Part 483 Federal requirements. The census in this 12 105 at the time of the consisted of six curred. Develop/Implement CFR(s): 483.21(b)(1)(1)(1)(1)(2)(2)(3)(3)(3)(4)(4)(4)(4)(4)(4)(5)(4)(5)(4)(5)(5)(6)(6)(6)(6)(6)(6)(6)(6)(6)(6)(6)(6)(6)	dicare/Medicaid abbreviated conducted 9/11/23 through int was investigated ntiated with deficiencies). The for compliance with 42 at Long Term Care O certified bed facility was survey. The survey sample int resident reviews. Comprehensive Care Plan (3) ensive Care Plans collity must develop and tensive person-centered sident, consistent with the end at §483.10(c)(2) and collides measurable ames to meet a resident's mental and psychosocial the din the comprehensive care plan must reto be furnished to attain int's highest practicable psychosocial well-being as 24, §483.25 or §483.40; and would otherwise be required 25 or §483.40 but are not esident's exercise of rights ing the right to refuse		656	The medication administration already occurred for Resident #3; therefore, the alledeficient practice may not be retroactively corrected. All residents of the facility have potential to be affected by alledeficient practice. An audit of the medication administration times current residents over the past weeks has been performed; idenoncompliance (medication produtside of the allowable time fra has been reported to the provious resident representative. DON/Designee will educate licensed nurses regarding development and implementation of the care plantinclude administering medication.	the ed ne s for all two entified exided ame) ler and	10/13/2023	
LABOR TOPY	provide as a result of	the nursing facility will	E		per order.		(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.

If continuation sheet Page 1 of 18

	DF DEFICIENCIES CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	1 3 3		CONSTRUCTION	(X3) DATE COMP	SURVEY
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		495339	B. WING			09/	12/2023
		ATEMENT OF DEFICIENCIES	ID	20 F/	TREET ADDRESS, CITY, STATE, ZIP CODE 003 COBB STREET ARMVILLE, VA 23901 PROVIDER'S PLAN OF CORRECTION	y.	(X5) COMPLETION
PREFIX TAG		Y MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	PREFI TAG	X	(EACH CORRECTIVE ACTION SHOULD BI CROSS-REFERENCED TO THE APPROPRIA DEFICIENCY)		DATE
F 656	findings of the PASAF rationale in the resided (iv)In consultation with resident's representate (A) The resident's good desired outcomes. (B) The resident's prefuture discharge. Facily whether the resident's community was assess local contact agencies entities, for this purpo (C) Discharge plans in plan, as appropriate, irequirements set forth section. §483.21(b)(3) The set by the facility, as outlicare plan, must- (iii) Be culturally-composity that the facility document review, the facility state care plan for two of sistem sample, Residents #3 The findings include: 1. For Resident #3 (R implement the care plan R3 was admitted to the including COPD (chrodisease) and lung carparts of the body. On	a facility disagrees with the RR, it must indicate its nt's medical record. In the resident and the ive(s)- als for admission and ference and potential for lities must document to desire to return to the seed and any referrals to and/or other appropriate se. In the comprehensive care in accordance with the in paragraph (c) of this evices provided or arranged and by the comprehensive content and trauma-informed. It is not met as evidenced the review, staff interview, ew, and clinical record ff failed to implement the extresidents in the survey and #2. 3), the facility staff failed to an for pain management. The facility with diagnoses and obstructive pulmonary forcer that had spread to other	F	656	DON/Designee will perform and a of the medication administration of the medication is administered within allowable time frame. Identified variances will be correct and results will be reviewed through QAPI. Date of Compliance: 10/13/2023	times insure in the	

	OF DEFICIENCIES CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:		PLE CONSTRUCTION IG	(>	(X3) DATE SURVEY COMPLETED	
		495339	B. WING _			C 09/12/2023	
	ROVIDER OR SUPPLIER	RSING		STREET ADDRESS, CITY, STATE, ZIP CODE 2003 COBB STREET FARMVILLE, VA 23901	Ē		
(X4) ID PREFIX TAG	(EACH DEFICIENC	TATEMENT OF DEFICIENCIES CY MUST BE PRECEDED BY FULL LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF COF (EACH CORRECTIVE ACTION CROSS-REFERENCED TO THE DEFICIENCY)	SHOULD BE	(X5) COMPLETION DATE	
F 656	8/30/23, R3 was cod impairment for making a review of R3's proof following order dated Oral Solution 100 mg Give 0.75 ml by mourelated to [lung cancerdated to [lung cancerdated R3 received hour past the time the dates and times: 9/2/midnight); 9/2/23 at 7/2/23 at 2:02 p.m. (8:01 p.m. (due at 6:0 (due at midnight). A review of R3's common revealed, in part: "The experiencing episode neoplasm of the lung spreading of cancerdate body)Administer and On 9/12/23 at 10:03 and nurse) #1 was intervipurpose of a care plaknow what the reside at the facility. She stain charge of implemental consultant, were informatical staff member) #1 and consultant staff member) #1 and co	sment reference date) of ed as having no cognitive and daily decisions. Vider's orders revealed the state of milligrams per milliliter) the very 6 hours for pain er.]" ust and September 2023 diministration records) of Morphine more than an ey were due on the following (23 at 1:56 a.m. (due at 7:27 a.m. (due at 6:00 a.m.); due at 12:00 p.m.); 9/2/23 at 00 p.m.); 9/4/23 at 4:21 a.m. Apprehensive care plan e resident has risk for es of pain r/t (related to) with mets (metastasis - to other parts of the nalgesia as per orders." a.m., LPN (licensed practical ewed. She stated the in is to let the facility staff ent needs in all aspects of life ated everyone at the facility is niting the care plan. a.m., ASM (administrative of these concerns. a.m.,	F 6	56			

	OF DEFICIENCIES F CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:			E CONSTRUCTION	(X3) DATE SURVEY COMPLETED	
		495339	B. WING			1	C / 12/2023
	ROVIDER OR SUPPLIER ANOR REHAB AND NUR	SING		2	STREET ADDRESS, CITY, STATE, ZIP CODE 2003 COBB STREET FARMVILLE, VA 23901		
(X4) ID PREFIX TAG	(EACH DEFICIENC	ATEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL LSC IDENTIFYING INFORMATION)	ID PREFI TAG	×	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD B CROSS-REFERENCED TO THE APPROPRI DEFICIENCY)		(X5) COMPLETION DATE
F 656	resident's needs. She responsible for implet A review of the facility Comprehensive, Pers "The facility will devel comprehensive personate and resident that incobjectives and timefra medical, nursing, and needsthe resident wand/or items included No further information Reference: (1) "Morphine is used severe pain. Morphine and capsules are only (around-the-clock) paby the use of other painformation is taken front the severe pain. 2. For Resident #2 (Rimplement the care pland muscle spasms. (minimum data set), awith an ARD (assessing material material muscle spasms.)	e stated that nursing is menting the care plan. y policy, "Care Planning - son-Centered," revealed: lop and implement a por-centered care plan for cludes measurable ames to meet a resident's mental and psychosocial will receive the services in the plan of care." In was provided prior to exit. It o relieve moderate to be extended-release tablets y used to relieve severe in that cannot be controlled ain medications." This from the website poy/druginfo/meds/a682133.h It is facility staff failed to lan for pain management. In the facility with diagnoses caures of the leg and arm on the most recent MDS an admission assessment ment reference date) of ead as having no cognitive	F	656			
		m., R2 was interviewed and ceive his medications "on					

	OF DEFICIENCIES CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	10 000		LE CONSTRUCTION	(X3) DATE SURVEY COMPLETED	
		495339	B. WING			,	C 12/2023
	ROVIDER OR SUPPLIER	SING			STREET ADDRESS, CITY, STATE, ZIP CODE 2003 COBB STREET FARMVILLE, VA 23901	•	
(X4) ID PREFIX TAG	(EACH DEFICIENCY	ATEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREFI TAG		PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD B CROSS-REFERENCED TO THE APPROPRIA DEFICIENCY)		(X5) COMPLETION DATE
F 656	is, and has talked to the about it. He stated he scheduled Tylenol, and administer it to him or the only pain medicine important to him to red. A review of R2's provifollowing orders: "7/21/23 Acetaminoph (milligrams) Give 3 tall day for pain." A review of R2's Augu MARs (medication ad revealed he received more than an hour particular and the received more than an hour particular and the received more at all on 9/1/23 at 10:9/3/23 at 10:25 a.m. (given at all on 9/1/23, p.m. A review of R2's comparticular and revised 8 resident has acute particular related to M3 accidentAdminister and consider the facility. She state in charge of implement On 9/12/23 at 11:30 at 11:	the nurses multiple times has to ask for his had the nurses still do not in time. R2 stated Tylenol is the he receives, and it is der's orders revealed the men Oral (Tylenol) 325 mg blets by mouth three times a stand September 2023 ministration records) the following medications state the time they were due: 20 a.m. (due at 9:00 a.m.), due at 9:00 a.m.), due at 9:00 a.m.); and not 9/3/23, and 9/4/23 at 9:00 brehensive care plan dated /3/23 revealed, in part: "The in r/t (related to) multiple VA (motor vehicle analgesia as per orders." .m., LPN (licensed practical the in is to let the facility staff int needs in all aspects of life ted everyone at the facility is	F	656			

	OF DEFICIENCIES CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:			E CONSTRUCTION		SURVEY PLETED
		495339	B. WING				С
NAME OF P	ROVIDER OR SUPPLIER	490039	B. WING	-	STREET ADDRESS, CITY, STATE, ZIP CODE	09	/12/2023
	ANOR REHAB AND NUR	SING		2	2003 COBB STREET FARMVILLE, VA 23901		
(X4) ID PREFIX TAG	(EACH DEFICIENC)	ATEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREFI TAG		PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BI CROSS-REFERENCED TO THE APPROPRIA DEFICIENCY)		(X5) COMPLETION DATE
F 656	ASM #2 stated the pu have goals and to cap resident's needs. She responsible for impler	med of these concerns. rpose of the care plan is to sture a picture of the stated that nursing is	F	656			
F 658 SS=D	Services Provided Me CFR(s): 483.21(b)(3)(§483.21(b)(3) Compre The services provided as outlined by the commust- (i) Meet professional s This REQUIREMENT by: Based on resident int facility document review, the facility state medications according and professional standadministration for two survey sample, Reside The findings include: 1. For Resident #3 (R: administer Potassium (2), Colace (3), and Al manner. R3 was admitted to the including COPD (chrodisease) and lung camparts of the body. On the control of the color	tet Professional Standards i) chensive Care Plans I or arranged by the facility, hprehensive care plan, standards of quality. is not met as evidenced erview, staff interview, ew, and clinical record if failed to administer to the provider's orders dards of medication of six residents in the ents #3 and #2. 3), the facility staff failed to Chloride (1), Famotidine buterol (4) in a timely e facility with diagnoses nic obstructive pulmonary cer that had spread to other	F	658	The medication administration has already occurred for Resident #2 Resident #3; therefore, the allege deficient practice may not be retroactively corrected. All residents of the facility have the potential to be affected by the allege deficient practice. An audit of the medication administration times for current residents over the past two weeks has been performed; identify (medication provided outside of the allowable time fram has been reported to the provided resident representative. DON/Designee to educate license nurses regarding the allowable time frame for medication administration to for 10% of current residents to en medication is administered within allowable time frame.	ed for all for all for and ed me on. audit imes issure	ncompliance

	DF DEFICIENCIES CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	, ,		CONSTRUCTION	(X3) DATE COMP	SURVEY LETED
		495339	B. WING _				C 12/2023
	ROVIDER OR SUPPLIER	SING		20	TREET ADDRESS, CITY, STATE, ZIP CODE 003 COBB STREET ARMVILLE, VA 23901		
(X4) ID PREFIX TAG	(EACH DEFICIENCY	ATEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREFII TAG	x	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIA DEFICIENCY)		(X5) COMPLETION DATE
F 658	8/30/23, R3 was code impairment for making On 9/11/23 at 2:48 p.r stated: "I'm not sure I right time always. The regularly." A review of R3's provifollowing: "8/30/23 Colace Caps Give 1 capsule by mo constipation." "8/26/23 Famotidine 2 mouth two times a day "8/26/23 Potassium C release) 10 MEQ (mill by mouth two times a "8/25/23 Albuterol Sul 0.083% 1 vial inhale of times a day for wheez A review of R3's Augu MARs (medication addrevealed she received more than an hour past Potassium Chloride (cat 9:29 a.m.; 9/2/23 at a.m. Famotidine (due at 8:0 a.m.	ad as having no cognitive g daily decisions. m., R3 was interviewed, and get my medicines at the ey do give them to me pretty der's orders revealed the sule 100 mg (milligrams) uth two times a day for 20 mg Give 1 tablet by y." hloride ER (extended liequivalents) Give 1 tablet day." fate Nebulization Solution orally via nebulizer three ling/shortness of breath." ast and September 2023 ministration records) I the following medications set the time they were due: due at 8:00 a.m.) - 8/27/23 at 9:47 a.m.; 9/4/23 at 9:06	F	658	5. Identified variances will be corrected and results will be rethrough QAPI.	viewed	
	Colace (due at 8:00 a. 9/4/23 at 9:26 a.m.	.m.) - 9/2/23 at 9:47 a.m.;					
ODM CMS 256	7(02-99) Previous Versions Obso	plete Event ID: F3UL11		Fac	sility ID: VA0291 If continu	uation shee	et Page 7 of 18

	OF DEFICIENCIES CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:		IPLE CONSTRUCTION		(X3) DATE SURVEY COMPLETED	
		495339	B. WING _				C 12/2023
	ROVIDER OR SUPPLIER	SING		STREET ADDRESS, CITY, STATE, ZIP CODE 2003 COBB STREET FARMVILLE, VA 23901	<u>.</u>		
(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 COF (EACH CORRECTIVE ACTION CROSS-REFERENCED TO THE A DEFICIENCY)	SHOULD BE		(X5) COMPLETION DATE
F 658	On 9/12/23 at 10:03 a nurse) #1 was interviris range of time within be administered. She give them within an hafter they are due." Swas a facility policy. Simportant for any mediceives more than to On 9/12/23 at 11:30 a staff member) #1 and consultant, were information. A review of the facility Treatment Orders," rerelated to the time framedications should be No further information. According to Fundam Edition, 2005: Patrici Perry; Mosby, Inc., paradred medications siminutes of the times of References: (1) "Potassium is a mato work properly. It is your nerves to function helps your heartbeat move nutrients into one of cells." This information website https://medling.	a.m., LPN (licensed practical ewed. When asked if there in which medications should stated, "We should always our before up until an hour he stated she believed this she stated this is especially dication that a resident vice a day. a.m., ASM (administrative ASM #2, the regional nurse med of these concerns. a policy, "Medication and evealed no information me within which e administered." a was provided prior to exit. entals of Nursing, 6th a A. Potter and Anne Griffin age 843, "All routinely should be given within 60 ordered." ineral that your body needs a type of electrolyte. It helps in and muscles to contract. It stay regular. It also helps ells and waste products out	Fé	558			

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:			(X2) MULTIPLE CONSTRUCTION A, BUILDING			(X3) DATE SURVEY COMPLETED		
		495339	B. WING				C 12/2023	
	ROVIDER OR SUPPLIER			2003 C	T ADDRESS, CITY, STATE, ZIP CODE COBB STREET IVILLE, VA 23901	1 03/	12/2023	
(X4) ID PREFIX TAG	(EACH DEFICIENC	ATEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL LSC IDENTIFYING INFORMATION)	ID PREFI TAG	×	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD E CROSS-REFERENCED TO THE APPROPRI DEFICIENCY)		(X5) COMPLETION DATE	
F 658	(sores on the lining or intestine); gastroesop (GERD, a condition in acid from the stomac injury of the esophag mouth and stomach]) stomach produces to information is taken finttps://medlineplus.goml. (3) "Stool softeners a basis to relieve const should avoid straining because of heart con other problems. They make them easier to taken from the websith https://medlineplus.goml. (4) "Albuterol is used breathing, wheezing, coughing, and chest in diseases such as ast pulmonary disease (Control taken from the lungs a information is taken from the stomach in the lungs a information is taken from the stomach in the lungs a information is taken from the stomach in the lungs a information is taken from the lungs	f the stomach or small chageal reflux disease in which backward flow of in causes heartburn and us [tube that connects the it is and conditions where the is much acid." This from the website by/druginfo/meds/a687011.ht is re used on a short-term it is pation by people who is during bowel movements ditions, hemorrhoids, and it work by softening stools to pass." This information is repoyldruginfo/meds/a601113.ht is prevent and treat difficulty shortness of breath, ightness caused by lung hima and chronic obstructive COPD; a group of diseases and airways)." This	F	658				
	administer Colace (1) R2 was admitted to the including multiple fractions.	(2), the facility staff failed to in a timely manner. The facility with diagnoses of the leg and arm on the most recent MDS						
		an admission assessment						

	DF DEFICIENCIES CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:		TIPLE CONSTRUCTION	((X3) DATE COMP	SURVEY LETED
		495339	B. WING _				C 12/2023
	ROVIDER OR SUPPLIER	SING		STREET ADDRESS, CITY, STATE, ZIP CODE 2003 COBB STREET FARMVILLE, VA 23901			
(X4) ID PREFIX TAG	(EACH DEFICIENC)	ATEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREFII TAG		SHOULD BE		(X5) COMPLETION DATE
F 658	7/26/23, R2 was code impairment for making On 9/11/23 at 2:28 p.r stated he does not retime." He stated he do is, and stated he has times about it. A review of R2's provifollowing order dated (Colace) Capsule 100 capsule by mouth two constipation." A review of R2's Augu MARs (medication ad revealed he received past the time it was do and times: 8/26/23 at a.m.); 9/1/23 at 10:20 9/3/23 at 10:25 a.m. (do 9/3/23 at 8:46 p.m. (do 0n 9/12/23 at 10:03 anurse) #1 was intervier is range of time within be administered. She give them within an after they are due." Si was a facility policy. Si important for any medicated receives more than two On 9/12/23 at 11:30 a staff member) #1 and	ment reference date) of ad as having no cognitive g daily decisions. m., R2 was interviewed, and ceive his medications "on bes not understand why this talked to the nurses multiple der's orders revealed the 8/14/23: "Docusate Sodium mg (milligrams) Give one of times a day for est and September 2023 ministration records) Colace more than an hour use on the following dates 9:28 a.m. (due at 6:00 a.m.); due at 6:00 a.m.); due at 6:00 p.m." .m., LPN (licensed practical ewed. When asked if there which medications should stated, "We should always our before up until an hour ne stated she believed this she stated this is especially lication that a resident	F	658			

	OF DEFICIENCIES CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:			CONSTRUCTION	(X3) DATE COMF	SURVEY
		495339	B. WING				C /12/2023
	ROVIDER OR SUPPLIER	SING		20	TREET ADDRESS, CITY, STATE, ZIP CODE 003 COBB STREET ARMVILLE, VA 23901		
(X4) ID PREFIX TAG	(EACH DEFICIENC)	ATEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREFII TAG	x	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIA' DEFICIENCY)		(X5) COMPLETION DATE
F 658	NOTES (1) "Stool softeners at basis to relieve constitutions should avoid straining because of heart conductor problems. They make them easier to pataken from the websit	re used on a short-term pation by people who during bowel movements ditions, hemorrhoids, and work by softening stools to pass." This information is	F	658			
F 760 SS=D	ml. Residents are Free of CFR(s): 483.45(f)(2) The facility must ensu §483.45(f)(2) Resident medication errors. This REQUIREMENT by: Based on resident interesting document review review, the facility star medications in a manifesting star medication st	is not met as evidenced erview, staff interview, ew, and clinical record ff failed to administer ner to prevent significant wo of six residents in the	F 7	760	The medication administration has already occurred for Resident #2 Resident #3; therefore, the alleger deficient practice may not be retroactively corrected. All residents of the facility have the potential to be affected by the alled deficient practice. An audit of the medication administration times for current residents over the past two weeks has been performed; identify noncompliance (medication provided outside of the allowable time fram been reported to the provider and resident representative.	& d e eged or all of iffied ded e) has	10/13/2023
	administer Morphine Smanner. R3 was admitted to the including COPD (chrodisease) and lung camparts of the body. On	e facility with diagnoses nic obstructive pulmonary cer that had spread to other			DON/Designee will perform medication administration compet for licensed nurses. DON/Designee will perform a medication administration compet with a randomly selected licensed three times per week for four week then weekly for eight weeks.	ency nurse	

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		I DENTIFICATION NUMBER:		IPLE CONSTRUCTION		(X3) DATE SURVEY COMPLETED	
		495339	B. WING			C /12/2023	
	ROVIDER OR SUPPLIER			STREET ADDRESS, CITY, STATE, 2 2003 COBB STREET FARMVILLE, VA 23901		712/2023	
(X4) ID PREFIX TAG	EFIX (EACH DEFICIENCY MUST BE PRECEDED BY FULL		ID PREFIX TAG	(EACH CORRECTIVE CROSS-REFERENCED	N OF CORRECTION ACTION SHOULD BE TO THE APPROPRIATE IENCY)	(X5) COMPLETION DATE	
F 760	with an ARD (assess 8/30/23, R3 was cool impairment for making of the base stated: "I'm not sure right time always. The regularly." A review of R3's profollowing order dated Oral Solution 100 m Give 0.75 ml by mounded to [lung candown of R3's Augman of R3's congressed	sment reference date) of ded as having no cognitive ng daily decisions. b.m., R3 was interviewed. She I get my medicines at the ney do give them to me pretty vider's orders revealed the d 8/29/23: Morphine Sulfate g/ml (milligrams per milliliter) at hevery 6 hours for pain er.]" gust and September 2023 dministration records) d Morphine more than an ney were due on the following 1/23 at 1:56 a.m. (due at 7:27 a.m. (due at 6:00 a.m.); m. (due at 12:00 p.m.); 9/2/23 6:00 p.m.); 9/4/23 at 4:21 at). Inprehensive care plan ne resident has risk for es of pain r/t (related to) g with mets (metastasis -	F 7	Identified variances be reviewed through	s will be corrected any h QAPI.	nd results w	

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		IDENTIFICATION NUMBER:		(2) MULTIPLE CONSTRUCTION . BUILDING			(X3) DATE SURVEY COMPLETED	
		495339	B. WING			09	C /12/2023	
NAME OF PROVIDER OR SUPPLIER HOLLY MANOR REHAB AND NURSING				2003	ET ADDRESS, CITY, STATE, ZIP CODE COBB STREET MVILLE, VA 23901			
(X4) ID PREFIX TAG			ID PREFI TAG			BE	(X5) COMPLETION DATE	
F 760	important for any med receives more than to about the importance medications on time, most important. Our meds on time." On 9/12/23 at 11:30 a staff member) #1 and consultant, were infor A review of the facility Treatment Orders," related to the time fra medications should be No further information. Reference: (1) "Morphine is used severe pain. Morphine and capsules are only (around-the-clock) paby the use of other painformation is taken front the staken fron	dication that a resident vice a day. When asked of residents receiving pain she stated: "Those are the residents need their pain a.m., ASM (administrative ASM #2, the regional nurse red of these concerns. If policy, "Medication and evealed no information me within which e administered." If was provided prior to exit. It o relieve moderate to be extended-release tablets of used to relieve severe in that cannot be controlled ain medications." This	F	760				

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION A. BUILDING			(X3) DATE SURVEY COMPLETED	
		405220	B. WING	_			0
		495339	B. WING			09/	12/2023
NAME OF PROVIDER OR SUPPLIER HOLLY MANOR REHAB AND NURSING				2	TREET ADDRESS, CITY, STATE, ZIP CODE 003 COBB STREET ARMVILLE, VA 23901		
(X4) ID PREFIX TAG	(EACH DEFICIENCY	ATEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL SC IDÉNTIFYING INFORMATION)	ID PREFI TAG	×	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BI CROSS-REFERENCED TO THE APPROPRIA DEFICIENCY)		(X5) COMPLETION DATE
F 760	impairment for making On 9/11/23 at 2:28 p.r stated he does not rectime." He stated he do is, and stated he has times about it. He stat scheduled Tylenol, an administer it to him or the only pain medicine important to him to recompose of R2's provifollowing orders: "7/21/23 Acetaminoph (milligrams) Give 3 tall day for pain." "8/27/23 Keflex Oral Capsule by mouth three" "7/22/23 Tizanidine Oby mouth every 8 hou have aled he received more than an hour pattizanidine - 8/26/23 at 6:52 9/1/23 at 10:20 a.m. (6:28 p.m. (due at 4:00 (due at midnight); 9/3/p.m.) Keflex - 9/1/23 at 10:2	g daily decisions. m., R2 was interviewed, and believe his medications "on one not understand why this stalked to the nurses multiple ted he has to ask for his id the nurses still do not in time. R2 stated Tylenol is the receives, and it is believe it on time. der's orders revealed the one Oral (Tylenol) 325 mg beliets by mouth three times a capsule 500 mg Give 1 the times a day for UTI." aral Tablet 2 mg Give 1 tablet are for muscle spasms." set and September 2023 ministration records) the following medications at the time they were due: the 9:28 a.m. (due at 8:00 p.m.); due at 8:00 a.m.); 9/1/23 at 1 p.m.); 9/3/23 at 2:58 a.m. (23 at 8:46 p.m. (due at 4:00 a.m.); due at 4:00 a.m.); due at 9:00 a.m.);	F	760			

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULT A. BUILDIN	IPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
		495339	B. WING _		C 09/12/2023
NAME OF PROVIDER OR SUPPLIER HOLLY MANOR REHAB AND NURSING				STREET ADDRESS, CITY, STATE, ZIP CODE 2003 COBB STREET FARMVILLE, VA 23901	1 03/12/2020
(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 CORR ((EACH CORRECTIVE ACTION SH CROSS-REFERENCED TO THE AP DEFICIENCY)	HOULD BE COMPLETION
F 760	Tylenol - 9/1/23 at 10 9/3/23 at 10:25 a.m. (at all on 9/1/23, 9/3/2 A review of R2's comport 7/22/23 and revised 8 resident has acute paractures related to MaccidentAdminister On 9/12/23 at 10:03 and nurse) #1 was intervising is range of time within be administered. She give them within an hafter they are due." Swas a facility policy. Simportant for any more receives more than two On 9/12/23 at 11:30 as staff member) #1 and consultant, were information. No further information. References: (1) "Tizanidine is used increased muscle ton sclerosis (MS, a diseased not function properly aweakness, numbness coordination and proband bladder control), injury. Tizanidine is in called skeletal muscles slowing action in the 8 staff muscles slowing ac	20 a.m. (due at 9:00 a.m.), (due at 9:00 a.m.), (due at 9:00 a.m.).; not given 3, and 9/4/23 at 9:00 p.m. prehensive care plan dated 8/3/23 revealed, in part: "The ain r/t (related to) multiple VA (motor vehicle analgesia as per orders." a.m., LPN (licensed practical ewed. When asked if there in which medications should stated: "We should always our before up until an hour he stated she believed this she stated this is especially dication that a resident vice a day. a.m., ASM (administrative ASM #2, the regional nurse med of these concerns. In was provided prior to exit. If to relieve the spasms and the caused by multiple ase in which the nerves do and patients may experience in the patients of the patients with vision, speech, stroke, or brain or spinal a class of medications is relaxants. It works by the prain and nervous system to relax." This information is	F 7	60	

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION A. BUILDING			(X3) DATE SURVEY COMPLETED	
			A. BOILDING			С	
		495339	B. WING			09/	/12/2023
NAME OF PROVIDER OR SUPPLIER HOLLY MANOR REHAB AND NURSING				2	TREET ADDRESS, CITY, STATE, ZIP CODE 003 COBB STREET ARMVILLE, VA 23901		
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F 760	ml. (2) "Cephalexin (Kefleinfections caused by land other respiratory infections of the bone urinary tract. Cephale medications called ceworks by killing bactetaken from the websit https://medlineplus.gotml. Nutritive Value/Appea	ex) is used to treat certain cacteria such as pneumonia tract infections; and , skin, ears, , genital, and xin is in a class of phalosporin antibiotics. It ria." This information is epoyldruginfo/meds/a682733.h		760	Affected residents were provided for that was of palatable texture and	ood	10/13/2023
SS=E	Committee of the Commit				appetizing temperature. All units of the facility have the potentialto be affected by the allegideficient practice. An audit was performed for the trays served in the other units and all meals to make set the food appears palatable and attractive, and it is served at a safe and appetizing temperature. Dietary Manager/Designee educated dietary staff on inspecting food trayensure that correct meal is provide each resident, the food appears palatable and attractive, and it is seat a safe and appetizing temperature. Dietary Manager/designee will perfood tray temperature audits for all meals to ensure food is served at a palatable texture and appetizing temperature daily for one week, two	re. ed vs to d to erved ire.	

	(X1) PROVIDER/SUPPLIER/CLIA (X2) MULI IDENTIFICATION NUMBER: A. BUILDI		3	COM	(X3) DATE SURVEY COMPLETED	
495339		B. WING		09	C 09/12/2023	
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PREFIX (EACH DEFICIENCY MUS	EIX (EACH DEFICIENCY MUST BE PRECEDED BY FULL		PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)		(X5) COMPLETION DATE	
On 9/12/23 at 6:50 a.m., Comember) #2, a cook, was demperatures of the hot brown tray line prior to resident mosm #2 removed the toas put it in a steam table pan When he tested the cheese registered a temperature of (Fahrenheit). On 9/12/23 at 7:51 a.m., the prepared, covered, and play other meals for Brantley unarrived on the unit at 7:56 and the dining services manage temperature of the omelet; 97 degrees. The omelet taken the toast was mildly cold as was asked to taste both the She agreed that the toast was mildly cold as was asked to taste both the She agreed that the toast was not temperature. She stated: "It the kitchen to the unit. And passes out the tray. We need that might take." A review of the facility policing Services," revealed: "Food staff will inspect food trays correct meal is provided to food appears palatable and served at a safe and appet On 9/12/23 at 11:30 a.m., / staff member) #1 and ASM	observed as he took eakfast foods on the heals being served. It from the toaster and on the serving line. It from the serving line. It food and the cart with hit residents. The cart a.m. The last resident on the last residents on the cart with hit residents. The cart a.m. The last resident on the las	F 80	week for two weeks, then y four weeks. Identified variances will be and results will be reviewe QAPI. Date of Compliance: 10/13	corrected d through		

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F 804		med of these concerns. was provided prior to exit.	F 8	04			