PRINTED: 11/21/2023 FORM APPROVED OMB NO. 0938-0391

| | OF DEFICIENCIES CORRECTION | (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: | (X2) MULT A. BUILDIN | IPLE CONSTRUCTION NG | | (X3) DATE SURVEY COMPLETED | |
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| | | 49E004 | B. WING | | | C 02/16/2023 | |
| | ROVIDER OR SUPPLIER O CO NURSING HOME | | | STREET ADDRESS, CITY, STATE, ZIP COL 1229 COUNTY FARM ROAD BEDFORD, VA 24523 | PE | 02/16/2023 | |
| (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 CORRECTIC ((EACH CORRECTIVE ACTION SHOUL) CROSS-REFERENCED TO THE APPROP | | DATE | |
| F 000 | INITIAL COMMENTS | 3 | FC | 000 | | | |
| F 658 SS=G | An unannounced Medicare/Medicaid abbreviated standard survey was conducted on 2/15/23 through 2/16/23. One complaint was investigated. Complaint VA00057806 was substantiated with deficiencies cited. Significant corrections are required for compliance with 42 CFR Part 483 Federal Long Term Care Requirements. The census in this ninety certified bed facility was seventy-six at the time of the survey. The survey sample consisted of four current resident reviews (Residents #2 through #5) and one closed record review (Resident #1). Services Provided Meet Professional Standards | | Fé | Past noncompliance: no pla correction required. | n of | | |
| | one of five residents | ng in an opioid overdose, | | | | | |
| | The findings include: | | | | | | |
| | morphine on-hand to order prior to giving the | N) #1 failed to compare the Resident #1's physician's he medication, resulting in a 100 mg (milligram) dose, | | | | | |
| _ABORATORY | DIRECTOR'S OR PROVIDER/: | SUPPLIER REPRESENTATIVE'S SIGNATUR | <u> </u> | TITLE | | (X6) DATE | |

Electronically Signed 03/22/2023

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.

| | | (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: | (X2) MULTIPL A. BUILDING | E CONSTRUCTION | (X3) DATE SURVEY COMPLETED | | |
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| | | 49E004 | B. WING | | C 02/16/2023 | | |
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| F 658 | physician. Recognitic concentration of liquitant that listed on the made until after adm Resident #1 experier and hospitalization for medication overdose. Resident #1 was addiagnoses that including respiratory failure, degastroenteritis, derminsomnia, history of pininimum data set (Microsoft Microsoft Mic | g dose ordered by the ion that a higher id morphine was selected e physician's order was not inistration of the medication. Inced an emergency transfer or treatment of the e.c. mitted to the facility with ded lung cancer, chronic ementia with behaviors, ratitis, bronchitis, depression, pneumonia and anxiety. The MDS) dated 1/11/23 assessed verely impaired cognitive 1/23 documented, "resident ining, continues to have SOB even with cont. [continuous] over minute] and scheduled inMD [physician] notified of ew orders obtained toNew order for morphine 10 needed every 4 hours] for spoke with MD and RP and in norphine for SOB" I record documented a ded 2/9/23 for morphine (milliliters) amount to give 4 hours as needed for | F 658 | | | | |

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| | | 49E004 | B. WING _ | | | | C 16/2023 |
| | ROVIDER OR SUPPLIER O CO NURSING HOME | | | STREET ADDRESS, CITY, STATE, ZIP CODE 1229 COUNTY FARM ROAD BEDFORD, VA 24523 | | | |
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| F 658 | [vital signs]: 100/70 I [oxygen saturation] 9 VS then checked aga [oxygen saturation at Resident was remain wellSOB had resolvedSOB had resolvedSOB had resolvedper Img liquid morphine in dose of 10 mg morph [approximately] 0940 given Narcan enrouted department history dothe ED somnolent, obtained at the son 2/9/23, patient was mg/5 ml solution. He 4 hours for shortness given 100 mg this morphine is demented at the son 2/9/24 patient as [was] accident the son 2/9/25 patient was mg/5 ml solution. He 4 hours for shortness given 100 mg this morphine is demented at the solution of the solutio | ent] for eval. [evaluation] VS BP [blood pressure] and O2 7 on 2L [liters per minute]. in [BP] 80/58 [O2 sat] 87] 2L. EMS was called. ing alert and talking drinking ved" rtment record dated 2/10/23 EMS, patient was given 100 istead of the prescribed ine. Given at approx [9:40 a.m.]. pt [patient] was e" The emergency ocumented, "presents to obtunded that has improved tration at 1021 [10:21 a.m.]. Identally overdosed on enursing home. Yesterday is prescribed Morphine 10 is dosed to get 10 mg every of breath. Patient was rining at 0945 [9:45 a.m.]. at baseline and cannot this history besides denying | F | 958 | DEFICIENCY) | | |
| | breath" Per the hos Resident #1 was adm Narcan in the emerge admitted to the intens Narcan administration Resident #1 discharg on 2/11/23. The hosp dated 2/11/23 docum dementia chronic hyp lung cancer having do or treatments being co | pital documentation, ninistered a second dose of ency department and was sive care unit for continued | | | | | |

| ` ' | | (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: | (X2) MULTIPLE CONSTRUCTION A. BUILDING | | | (X3) DATE SURVEY COMPLETED | |
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| | ROVIDER OR SUPPLIER O CO NURSING HOME | 492004 | B. WING | STREET ADDRES 1229 COUNTY I BEDFORD, VA | | 02/ | 16/2023 |
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| F 658 | 10 mg of oral morphing 100 mg. Got Narcan arrival to the emergene hemodynamically standue to the amount of airway. Narcan driphinicelyAwake oriented discharge to skilled far Resident #1 was re-a 2/11/23, with the order morphine discontinue 2/11/23 documented, lot of fluid in face/har breathing when lying did not sound wetR noted at 64%, oxyger Order obtained to ser Per hospital documenter-admitted to the hoacute/chronic respiral | ne was accidentally given at in route from EMS. Upon ney department was bleStarted on Narcan drip opiates. Protecting his turned things around ed to his baselineStable for acility" Indmitted to the facility on ears for prednisone and ed. A nursing note on "Resident noted to have a ads/armsvery wet gurgly flat, resident with head up esident O2 obtained and at 4L came up to 86%. Indirection, Resident #1 was | F | 558 | | | |
| | that Resident #1 was dose of morphine and hospital on 2/10/23 for The facility's synopsis dated 2/14/23, docum [Resident #1] was ad Morphine when he shof Morphine. This more result of [RN #1] enter another issue[Resident's Breathe'[Resident and the signs of relief. [Resident and the signs of relief.] | or treatment of the overdose. It is of the 2/10/23 overdose, Inented, "it was determined Inented 100 mgs of Inould have received 10 mgs Inedication error occurred as a Itering the room to assess Ident #1] began to yell out 'I | | | | | |

| STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA AND PLAN OF CORRECTION IDENTIFICATION NUMBER: | | ` ′ | E CONSTRUCTION | (X3) DATE SURVEY COMPLETED | | |
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| | ROVIDER OR SUPPLIER D CO NURSING HOME | | | STREET ADDRESS, CITY, STATE, ZIP CODE 1229 COUNTY FARM ROAD BEDFORD, VA 24523 | 02/10/2023 | |
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| F 658 | signs of reliefhad 2/9/23 for shortness had not been receive and [licensed praction went to the Pyxis sy from the emergency the orderwas adm [RN #1] returned to upon preparing to doe realized a different of from the MD order. 5 ml and our emergency for mind and our emergency for mind and for easily for mind asymptom responders. [Resident #1] shorten and for has been provided the stat morphine pulled conversion of dosage On 2/15/23 at 11:30 administered the 10 Resident #1, was in licensed practical not assess the resident stated she and LPN room to assess the 2/10/23. RN #1 stated she and LPN room to assess the 2/10/23. RN #1 stated she and LPN room to assess the 2/10/23. RN #1 stated she and LPN room to assess the 2/10/23. RN #1 stated she and LPN room to assess the 2/10/23. RN #1 stated she and LPN room to assess the 2/10/23. RN #1 stated she and LPN room to assess the 2/10/23. RN #1 stated she and LPN room to assess the 2/10/23. RN #1 stated she and LPN room to assess the 2/10/23. RN #1 stated she and LPN room to assess the 2/10/23. RN #1 stated she and LPN room to assess the 2/10/23. RN #1 stated that the she and LPN room to assess the 2/10/23. RN #1 stated that the she and LPN room to assess the 2/10/23. RN #1 stated that the she and LPN room to assess the 2/10/23. RN #1 stated that the she and LPN room to assess the 2/10/23. RN #1 stated that the she and LPN room to assess the 2/10/23. RN #1 stated that the she and LPN room to assess the 2/10/23. RN #1 stated that the she and LPN room to assess the 2/10/23. RN #1 stated that the she and LPN room to assess the 2/10/23. RN #1 stated that the she and LPN room to assess the 2/10/23. RN #1 stated that the she and LPN room to assess the 2/10/23. RN #1 stated that the she and LPN room to assess the 2/10/23. | a new order for morphine on of of breath. The medication sed from pharmacy[RN #1] cal nurse #1] immediately retem and pulled morphine of supply. 5 ml was drawn per inistered to [Resident #1]. The med [medication] cart ocument dosage, [RN #1] formulary was in our Pyxis. The order was for 10 mg per ency supply was 100 mg per ency supply was 1 | F 65 | В | | |

| STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION | | (X1) PROVIDER/SUPPLIER/CLIA (X2) MULTIPLE CONSTRUCT A. BUILDING | | | (X3) DATE SURVEY COMPLETED | | |
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| | | 49E004 | B. WING | | | | - |
| NAME OF P | ROVIDER OR SUPPLIER | | | | STREET ADDRESS, CITY, STATE, ZIP CODE | 02/ | 16/2023 |
| NAME OF T | NOVIDER OR GOLT EIER | | | | 1229 COUNTY FARM ROAD | | |
| BEDFORD | CO NURSING HOME | | | | | | |
| | | | | | BEDFORD, VA 24523 | | |
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| F 658 | Continued From page | e 5 | F | 658 | R | | |
| . 000 | | | | 000 | | | |
| | LPN #1 to get the mo | out LPN #1 informed her the | | | | | |
| | | as entered yesterday | | | | | |
| | | arrived yet from pharmacy. | | | | | |
| | ` ' | e and LPN #1 went to the | | | | | |
| | | evice (Pyxis) to obtain oral | | | | | |
| | | nt #1. RN #1 stated that she | | | | | |
| | I - | tle of oral morphine solution | | | | | |
| | from the emergency | | | | | | |
| | medication cart, looke | | | | | | |
| | on the medication ad | | | | | | |
| | that listed the concentration of 10 mg/5 ml and to | | | | | | |
| | give 10 mg. RN #1 s | tated that she poured 5 ml | | | | | |
| | from the bottle of mor | rphine into a medicine cup, | | | | | |
| | · · | asked her to verify the 5 ml. | | | | | |
| | | e went to the resident #1's | | | | | |
| | | vas 5 ml in the medicine cup | | | | | |
| | with LPN #3, and the | | | | | | |
| | | nt #1. RN #1 stated that she | | | | | |
| | | lication cart to document the | | | | | |
| | | d at the bottle of morphine | | | | | |
| | _ | gave 100 mg instead of 10 | | | | | |
| | | nat when she looked at the | | | | | |
| | label to document the | and immediately knew she | | | | | |
| | l | dose. RN #1 stated she told | | | | | |
| | " | given the resident too much | | | | | |
| | | ited Narcan was on hand | | | | | |
| | | ed the resident's vital signs | | | | | |
| | | N #1 stated the resident was | | | | | |
| | | was transferred to the | | | | | |
| | hospital for evaluation | n and treatment. RN #1 | | | | | |
| | | e error, "I did not confirm the | | | | | |
| | | th the order on the MAR. I | | | | | |
| | was trying to get it [m | orphine] to him as quick as I | | | | | |
| | could because he wa | s in respiratory distress." | | | | | |
| | RN #1 stated she had | d LPN #1 and LPN #3 verify | | | | | |
| | that she had 5 ml in t | he medicine cup, but she | | | | | |
| | nor the other nurses | compared the bottle label to | | | | | |

| | | (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: | ` ' | LE CONSTRUCTION | · , | (X3) DATE SURVEY COMPLETED | | |
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| F 658 | RN #1 stated that shoon the bottle of morp until after she admini #1 stated that she low was thinking 5 ml wh medicine. RN #1 stathe medicine label to known to only give 0 concentration, instea On 2/15/23 at 11:30 a interviewed about Re of 2/10/23. LPN #1 sher that resident #1 needed the prn morp went with RN #1 to than assisted her with morphine. LPN #1 so order and did not with medication. LPN #1 was in the medicine of saw the order. I didn'did not look at the lab stated that RN #1 car and stated she had go morphine. On 2/15/23 at 11:52 a RN #1 during the mointerviewed. LPN #3 RN #1 to assess a re Resident #1 and as the resident #1 became is stated that she admining the resident up sitting the resident up sitting the resident up | ted the 100 mg/5 ml ne usual" supply in the Pyxis. e failed to compare the label hine to the physician's order stered the medication. RN oked only at the order and en she prepared the ted that if she had compared the order, she would have 5 ml of the 100 mg/5 ml d of 5 ml. a.m., LPN #1 was esident #1's medication error stated that RN #1 reported to was short of breath and she hine. LPN #1 stated she he emergency supply device fated she never reviewed the hess RN #1 pour the stated she verified that 5 ml cup. LPN #1 stated, "I never t know how the order read. I bel on the bottle." LPN #1 me to her a few minutes later iven Resident #1 too much a.m., LPN #3 that was with rphine administration was stated that she went with ported eye issue with he aides were changing him, short of breath. LPN #3 | F 65 | 8 | | | | |

| | | (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: | (X2) MULTIP | LE CONSTRUCTION | (X3) DATE SURVEY COMPLETED | | |
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| F 658 | the morphine. LPN into the resident's romorphine and said the stated, "I said yes, 1 day before." LPN # at the bottle of morphine she witnessed RN # to Resident #1. LPN to her a few minutes given the wrong dost stated that Narcan wemergency supply be immediately send the room. LPN #3 state resident continuously resident was alert at 100 mg/5 ml morphinusual" dosage provious on 2/15/23 at 2:07 pc (DON) was interview morphine dosage erwas off on 2/10/23 beshe made a mistake administered Residemorphine instead of DON stated that Naiphysician notified, a hospital for treatmenthe DON stated thererors in the facility for DON stated that the medication errors or #1. The DON stated administer anymore | d RN #1 left the room to get #3 stated RN #1 came back om with the dose of oral he dose was 10 mg. LPN #3 0 mg. I put the order in the 3 stated that she did not look hine used for the dose, but 1 administer the oral solution N #3 stated that RN #1 came 1 later and said that she had 1 e of morphine. LPN #3 1 was retrieved from the Pyxis 1 the physician ordered to 1 e resident to the emergency 1 d that she monitored the 1 y until EMS arrived and the 1 he ded in the emergency supply. 1 o.m., the director of nursing 1 yed about Resident #1's 1 ror. The DON stated that she 1 had 1 that she had 1 ent #1 a 100 mg dose of 1 the ordered 10 mg. The 1 roran was available, the 1 nd the resident sent to the 1 t | F 65 | 8 | | | |
| | DON stated that Nan physician notified, a hospital for treatmer the DON stated ther errors in the facility to DON stated that the medication errors or #1. The DON stated administer anymore because of the error upset about the incident. | rcan was available, the and the resident sent to the lat. When questioned further, e had been no medication for at least the past year. The re was no history of any care concerns involving RN that she told RN #1 not to | | | | | |

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| NAME OF P | ROVIDER OR SUPPLIER | | | STR | EET ADDRESS, CITY, STATE, ZIP CODE | <u> </u> | | |
| DEDEOD | S CO NUIDOINO HOME | | | 122 | 9 COUNTY FARM ROAD | | | |
| BEDFORE | O CO NURSING HOME | | | BE | DFORD, VA 24523 | | | |
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| F 658 | compliance with the retrieving/administer emergency supply. proper procedure, the should have compare order prior to adminite resident and that RN order to the concent the emergency supply unsure or if there were dosing, especially reshad access to the provider for clarifier error was made becaused and/or seek compare the label to given, and/or seek compare the label and not look a morphine that she wasted that RN #1 did not look a morphine that she wasted that this label and order had adjustments and/or opreparing and adminimately and adminimately and the proper dose. RN #1 moment" she was the resident quickly of RN #1 stated that she the concentration on checking the label. | the correct dosage and physician's order when ing medications from the When questioned about the ine DON stated that RN #1 and the bottle label to the stration of morphine to the It #1 failed to compare the ration that was available in any questions about any questions about agarding an opioid, nurses the nurse failed to the order, adjust the amount larification about the dosing on of the medicine. The DON on that Resident #1 was atthing and, in human error, at the concentration of the into help." When asked, the terror was preventable if the | F | 658 | | | | |

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| F 658 | Continued From pag | ge 9 | F 6 | 58 | | |
| | | nave administered 0.5 ml #1 stated, "It was an t." | | | | |
| | the Resident #1's me pharmacist stated the morphine solution we concentration was the available for supply device. The pharma was available to nurse was a question about administer. The pharma dose of morphine control was a formal to the pharma was a question about administer. | aff #1) was interviewed about edication error. The at the 30 ml bottle of | | | | |
| | 10/1/17) documente administered as pres good nursing princip of the policy docume rights" of medication RIGHTS - Right resiright route, right time reason, right responmedication being ad the first 5 Rights is rein the process of preadministration: (1) v selected, (2) when the container, and finally prepared and the me #1: Select the Medicontents are checket | eral Guidelines (effective | | | | |

| ` , | | IDENTIFICATION NUMBER: | | 2) MULTIPLE CONSTRUCTION BUILDING | | | (X3) DATE SURVEY COMPLETED | |
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| F 658 | Prepare the dose - th container and verified MAR by reviewing the Complete the prepara re-verify the label agathe first 5 Rights The record (MAR) is alway medication administration administration schedule on the residual and the dose of lagged indicating if there is any other redosage or directions, checked for the corresponding to the medication leads and the context of a con | the first 5 RightsCheck #2: the dose is removed from the lagainst the label and the set first 5 RightsCheck #3: ation of the dose and sinst the MAR by reviewing the medication administration by semployed during ation. Prior to administration at medication and dosage the medication and dosage the medication and dosage the medication and MAR container has not already and a change in directions, or eason to question the the physician's orders are contained to the medication ive 6/9/15) documented in intering medications, and medication orders for the Medication do the Medication | F 6 | 58 | | | | |

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| (X4) ID PREFIX TAG | (EACH DEFICIENC | ATEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL LSC IDENTIFYING INFORMATION) | ID PREFIX TAG | PROVIDER'S PLAN OF CORR (EACH CORRECTIVE ACTION SI CROSS-REFERENCED TO THE AP DEFICIENCY) | HOULD BE | (X5) COMPLETION DATE |
| F 658 | accidental Morphine 1. Correction for iden resident sent to ER for 2. How will you identify and correct them if not performed for any More system for resident us other residents identify 3. System Changes: differently to minimize take from Pyxxis reques Additional changes be Morphine at med car dosage pulled prior to Education provided to DON/designee. 4. Monitoring - RN su Pyxis system to ensu MAR prior to administ audits x 12 weeks x 3 reviewed in monthly or review/recommendate. | for evaluation following overdose tified resident/system - or evaluation fy other potential residents eeded? - Audit was orphine pulled from Pyxis se in the last 30 days with no fied. what are you going to do e recurrence? - all Morphine uire 2 nurses to pull. oth nurses will review to with MAR to ensure proper or administering Morphine. Or all nurses by approvisor or designee to audit ure 2 nurses to verify with tering Morphine. Weekly 8 months. Audits will be QA meetings for ions. | F 6 | 58 | | |
| F 760 SS=G | at 11:50 a.m. Subsect education was reque facility documentation Noncompliance was (1) Woods, Anne Dat Handbook. Philadelp Residents are Free of | puently, evidence of nursing sted and provided. Based on n, a determination of Past made. brow. Nursing 2022 Drug hia: Wolters Kluwer, 2022. f Significant Med Errors | F 7 | 60 | | |

| , , | | (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: | ` ′ | E CONSTRUCTION | (X3) DATE SURVEY COMPLETED |
|--------------------------|--|---|---------------------|---|-------------------------------|
| | | 49E004 | B. WING | | C 02/16/2023 |
| | ROVIDER OR SUPPLIER O CO NURSING HOME | | | STREET ADDRESS, CITY, STATE, ZIP CODE 1229 COUNTY FARM ROAD BEDFORD, VA 24523 | 02/10/2023 |
| (X4) ID PREFIX TAG | (EACH DEFICIENC | ATEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION) | ID PREFIX TAG | PROVIDER'S PLAN OF CORRECT (EACH CORRECTIVE ACTION SHOUT CROSS-REFERENCED TO THE APPRIDEFICIENCY) | ULD BE COMPLETION |
| F 760 | medication errors. This REQUIREMENT by: Based on staff interv and clinical record ret to ensure one of five free from a significant resulted in an opioid of hospitalization. The findings include: Resident #1 was adm (milligram) dose of or times the physician's dose. The medication emergency transfer at Resident #1 for treater Registered nurse (RN morphine on-hand to order prior to giving the the administration of rather than the 10 mg physician. Recognition concentration of liquid that listed on the physician after administrate Resident #1 was adm diagnoses that includ respiratory failure, de gastroenteritis, derma insomnia, history of p minimum data set (M | is not met as evidenced iew, facility document review view, the facility staff failed residents (Resident #1) was medication error, which overdose requiring ininistered a 100 mg al morphine solution, ten order that required a 10 mg n error resulted in an nd hospitalization of ment of the overdose. i) #1 failed to compare the Resident #1's physician's me medication resulting in a 100 mg (milligram) dose n dose ordered by the on that a higher d morphine was used than sician's order was not made | F 760 | Past noncompliance: no plan of correction required. | |

| STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: | | | (X2) MULTIF | PLE CONSTRUCTION G | (X3) DATE SURVEY COMPLETED | | |
|--|--|--|---------------------|--|----------------------------|----------------------------|--|
| | | 49E004 | B. WING | | | C 02/16/2023 | |
| | ROVIDER OR SUPPLIER O CO NURSING HOME | • | | STREET ADDRESS, CITY, STATE, ZIP CODE 1229 COUNTY FARM ROAD BEDFORD, VA 24523 | | | |
| (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 CORRE (EACH CORRECTIVE ACTION SH CROSS-REFERENCED TO THE APP DEFICIENCY) | OULD BE | (X5) COMPLETION DATE | |
| F 760 | continues to be decli [shortness of breath] oxygen at 3L [liters properties of breath] oxygen at 3L [liters properties of breathing treatments current condition, Neincrease prednisone mg PRN q 4hrs [as r SOB[3:06 p.m.] | divided by the continues of the continues of the continues to have SOB and the continues of | F 76 | 60 | | | |

| STATEMENT OF DEFICIENCIES (X AND PLAN OF CORRECTION | | (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: | ` ′ | PLE CONSTRUCTION 3 | | (X3) DATE SURVEY COMPLETED | |
|--|---|--|---------------------|--|------------|-------------------------------|--|
| | | 49E004 | B. WING | | , | C | |
| | PROVIDER OR SUPPLIER D CO NURSING HOME | | | STREET ADDRESS, CITY, STATE, ZIP CODE 1229 COUNTY FARM ROAD BEDFORD, VA 24523 | 02/16/2023 | | |
| (X4) ID PREFIX TAG | (EACH DEFICIEN | STATEMENT OF DEFICIENCIES ICY MUST BE PRECEDED BY FULL R LSC IDENTIFYING INFORMATION) | ID PREFIX TAG | PROVIDER'S PLAN OF CORREC' (EACH CORRECTIVE ACTION SHOUNDER OF THE APPRENCED TO THE APPRENC | JLD BE | (X5) COMPLETION DATE | |
| F 760 | morphine given at the on 2/9/23, patient with mg/5 ml solution. He hours for shortness given 100 mg this meather to contribute to much a chest pain, abdomin breath" Resident second dose of Nard department and was care unit for continuation monitoring. Resident #1 dischard on 2/11/23. The hod dated 2/11/23 documentia chronic hylung cancer having or treatments being atnursing home he 10 mg of oral morph 100 mg. Got Narca arrival to the emerg hemodynamically sidue to the amount of airway. Narcan drignicelyAwake orier discharge to skilled The resident was re 2/11/23 with orders discontinued. A nut documented, "Residuid in face/hands/a breathing when lyin did not sound wet noted at 64%, oxygeners. | renursing home. Yesterday ras prescribed Morphine 10 re is dosed to get 10 mg every res of breath. Patient was recorning at 0945 [9:45 a.m.]. I at baseline and cannot ref this history besides denying real pain, shortness of #1 was administered a rean in the emergency read admitted to the intensive red Narcan administration and reged back to the nursing home reged back to the nursing home respital discharge summary mented, "with advanced repoxic respiratory failure and redeclined any further work-ups reconservatively managed read an order at the facility for renine was accidentally given at renin in route from EMS. Upon rency department was reableStarted on Narcan drip ref opiates. Protecting his returned things around red to his baselineStable for | F 76 | 60 | | | |

| | | X1) PROVIDER/SUPPLIER/CLIA (X2) MULTIF IDENTIFICATION NUMBER: A. BUILDING | | | CONSTRUCTION | (X3) DATE SURVEY COMPLETED | |
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| | | 49E004 | B. WING | | | | C 16/2023 |
| | ROVIDER OR SUPPLIER O CO NURSING HOME | | | 122 | REET ADDRESS, CITY, STATE, ZIP CODE 29 COUNTY FARM ROAD EDFORD, VA 24523 | 1 02/ | 10/2023 |
| (X4) ID PREFIX TAG | (EACH DEFICIENC) | ATEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION) | ID PREFI TAG | × | PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD B CROSS-REFERENCED TO THE APPROPRIA DEFICIENCY) | | (X5) COMPLETION DATE |
| F 760 | Continued From page | ÷ 15 | F | 760 | | | |
| | re-admitted to the hos acute/chronic respirat aspiration pneumoniti possible sepsis. A facility summary of Resident #1 was adm | ntation, Resident #1 was spital on 2/11/23 for cory failure with hypoxemia, s, accidental overdose, and 2/10/23 documented that hinistered an incorrect dose admitted to the hospital on | | | | | |
| | 2/10/23 for treatment facility's synopsis of tl 2/14/23 documented, [Resident #1] was add | of the overdose. The ne 2/10/23 overdose, dated | | | | | |
| | of Morphine. This me result of [RN #1] ente another issue[Resid can't Breathe'[Resid | edication error occurred as a ring the room to assess lent #1] began to yell out 'l | | | | | |
| | signs of relief. [Resid w/c [wheelchair] for u signs of reliefhad a | lent #1] was transferred to pright sitting position, still no new order for morphine on of breath. The medication | | | | | |
| | and [licensed practical went to the Pyxis systems] | d from pharmacy[RN #1] al nurse #1] immediately tem and pulled morphine supply. 5 ml was drawn per | | | | | |
| | [RN #1] returned to the upon preparing to doc realized a different for | nistered to [Resident #1]. The med [medication] cart Cument dosage, [RN #1] The mulary was in our Pyxis | | | | | |
| | 5 ml and our emerger 5 mlNarcan was on as [Resident #1] show | The order was for 10 mg per ncy supply was 100 mg per hand but not administered wed no symptoms and tic while waiting on first | | | | | |
| | responders. [Resider ER [emergency room | nt #1] was transported to the]returned to the facility on ack to the ERdue to low | | | | | |

| STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: | | | (X2) MULTIPLE CONSTRUCTION A. BUILDING | | | (X3) DATE SURVEY COMPLETED | |
|---|--|--|---|--|---|-------------------------------|----------------------------|
| | | 49E004 | B. WING _ | | _ | 02/ |) 16/2023 |
| | ROVIDER OR SUPPLIER O CO NURSING HOME | | | STREET ADDRESS, CITY, S 1229 COUNTY FARM ROA BEDFORD, VA 24523 | , | 1 027 | 10/2023 |
| (X4) ID PREFIX TAG | (EACH DEFICIENC | ATEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL .SC IDENTIFYING INFORMATION) | ID PREFI TAG | X (EACH CORRE CROSS-REFERE | S PLAN OF CORRECTION ECTIVE ACTION SHOULD B ENCED TO THE APPROPRIA DEFICIENCY) | | (X5) COMPLETION DATE |
| F 760 | Continued From page | e 16 | Fi | 760 | | | |
| | has been provided to | spiratory distressEducation [RN #1] to verify strength of per MD order to determine if is required" | | | | | |
| | Resident #1, was intelicensed practical nur assess the resident # stated she and LPN # room to assess the ega/10/23. RN #1 state performing incontiner Resident #1 was visit "gurgling." RN #1 state resident up, adjusted administered a presci RN #1 stated that the provided little relief would not breath. RN LPN #1 to get the moshortness of breath, the promoted process of the end of th | mg dose of morphine to erviewed. RN #1 stated that se (LPN) #1 asked her to 1's left eye redness. RN #1 #3 went to the resident #1's ye on the morning of d that while the aides were ace care, she observed oly short of breath and ted that they sat the his oxygen, and LPN #3 ribed breathing treatment. breathing treatment #1 stated that she went to | | | | | |
| | morphine for Resider retrieved a 30 ml bott from the emergency s medication cart, looke on the medication add that listed the concen give 10 mg. RN #1 s from the bottle of mor went to LPN #1, and RN #1 stated that she | vice (Pyxis) to obtain oral at #1. RN #1 stated that she alle of oral morphine solution supply, returned to the ad at the medication order ministration record (MAR) tration of 10 mg/5 ml and to tated that she poured 5 ml aphine into a medicine cup, asked her to verify the 5 ml. a went to the resident #1's as 5 ml in the medicine cup an administered the | | | | | |

| STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION | | (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: | 1 ' ' | IPLE CONSTRUCTION NG | | (X3) DATE SURVEY COMPLETED | |
|---|--|--|---------------------|--|--------------------------------|-------------------------------|--|
| | | 49E004 | B. WING _ | | | C 2/16/2023 | |
| | ROVIDER OR SUPPLIER O CO NURSING HOME | | | STREET ADDRESS, CITY, STATE, ZIP CO 1229 COUNTY FARM ROAD BEDFORD, VA 24523 | • | 2/10/2023 | |
| (X4) ID PREFIX TAG | (EACH DEFICIEN | STATEMENT OF DEFICIENCIES ICY MUST BE PRECEDED BY FULL R LSC IDENTIFYING INFORMATION) | ID PREFII TAG | PROVIDER'S PLAN OF C (EACH CORRECTIVE ACTIC CROSS-REFERENCED TO TH DEFICIENCY | ON SHOULD BE HE APPROPRIATE | (X5) COMPLETION DATE | |
| F 760 | went back to the me administration, look used and "realized I mg." RN #1 stated label to document the recognized the error had given the wrong LPN #1 that she had morphine. RN #1 stand LPN #3 monitor until EMS arrived. Fallert at baseline and hospital for evaluating stated concerning the dose on the bottle with was trying to get it [in could because he with RN #1 stated she had that she had 5 ml in nor the other nurses the order. RN #1 stated that she had 5 ml in nor the other nurses the order. RN #1 stated that she had 5 ml in nor the other nurses the order. RN #1 stated that she look was thinking 5 ml with medicine. RN #1 stated that she low was thinking 5 ml with medicine label to known to only give to concentration, instead of 2/10/23. LPN #1 that resident #1 was needed the morphing. | ent #1. RN #1 stated that she edication cart to document the ed at the bottle of morphine gave 100 mg instead of 10 that when she looked at the ne administration, she r, and immediately knew she g dose. RN #1 stated she told d given the resident too much tated Narcan was on hand red the resident's vital signs RN #1 stated the resident was d was transferred to the on and treatment. RN #1 ne error, "I did not confirm the vith the order on the MAR. I morphine] to him as quick as I ras in respiratory distress." and LPN #1 and LPN #3 verify the medicine cup, but she is compared the bottle label to ated the 100 mg/5 ml the usual" supply in the Pyxis. The failed to compare the label phine to the physician's order nistered the medication. RN booked only at the order and then she prepared the ated that if she had compared to the order, she would have 0.5 ml of the 100 mg/5 ml and of 5 ml. | F | 760 | | | |

| STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION | | (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: | , , | PLE CONSTRUCTION G | , , | (X3) DATE SURVEY COMPLETED | |
|---|--|---|---------------------|---|-------------|-------------------------------|--|
| | | 49E004 | B. WING | | | C 2/16/2023 | |
| | ROVIDER OR SUPPLIER O CO NURSING HOME | ,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,, | | STREET ADDRESS, CITY, STATE, ZIP CODE 1229 COUNTY FARM ROAD BEDFORD, VA 24523 | | 2/16/2023 | |
| (X4) ID PREFIX TAG | (EACH DEFICIENC | TATEMENT OF DEFICIENCIES BY MUST BE PRECEDED BY FULL LSC IDENTIFYING INFORMATION) | ID PREFIX TAG | PROVIDER'S PLAN OF COI (EACH CORRECTIVE ACTION CROSS-REFERENCED TO THE DEFICIENCY) | I SHOULD BE | (X5) COMPLETION DATE | |
| F 760 | morphine. LPN #1 s reviewed the order a pour the medication. verified that 5 ml was #1 stated, "I never sa how the order read. the bottle." LPN #1 sher a few minutes lat Resident #1 too muc On 2/15/23 at 11:52 RN #1 during the mointerviewed. LPN #3 RN #1 to assess a re Resident #1 and as the resident became stated that she admit treatment in addition sitting the resident up the resident still had the interventions and the as needed morph #1 came back into the dose of oral morphin mg. LPN #3 stated, stated, "I put the ordestated that she did no morphine used for th RN #1 administer the LPN #3 stated that R minutes later and sai wrong dose of morph Narcan was retrieved supply, but the physical stated in the physical stated in the physical stated in the later and sai wrong dose of morph Narcan was retrieved supply, but the physical stated in the physical stated in the later and sai wrong dose of morph Narcan was retrieved supply, but the physical stated in the later and sai wrong dose of morph Narcan was retrieved supply, but the physical stated in the later and sai wrong the later and sai wrong dose of morph Narcan was retrieved supply, but the physical stated in the later and sai wrong th | n retrieving the bottle of tated that she never and did not witness RN #1 LPN #1 stated that she is in the medicine cup. LPN where the retrieve that the label on stated that RN #1 came to the retrieve that the label on the stated that RN #1 came to the retrieve that she had given the morphine. a.m., LPN #3 that was with the rephine administration was the stated that she went with the protect eye issue with the aides were changing him, short of breath. LPN #3 | F 70 | 60 | | | |
| | | onitored the resident IS arrived and the resident ing. LPN #3 stated the 100 | | | | | |

| STATEMENT OF DEFICIENCIES (X' AND PLAN OF CORRECTION | | (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: | 1 ` ′ | LE CONSTRUCTION | · , | (X3) DATE SURVEY COMPLETED | |
|---|---|---|---|--|------------------------------|-------------------------------|--|
| | | 49E004 | B. WING | | , | C)2/16/2023 | |
| NAME OF PROVIDER OR SUPPLIER BEDFORD CO NURSING HOME | | | STREET ADDRESS, CITY, STATE, ZIP CODE 1229 COUNTY FARM ROAD BEDFORD, VA 24523 | | • | | |
| (X4) ID PREFIX TAG | (EACH DEFICIENC | ATEMENT OF DEFICIENCIES BY MUST BE PRECEDED BY FULL LSC IDENTIFYING INFORMATION) | ID PREFIX TAG | PROVIDER'S PLAN OF CO (EACH CORRECTIVE ACTION CROSS-REFERENCED TO THE DEFICIENCY) | N SHOULD BE E APPROPRIATE | (X5) COMPLETION DATE | |
| F 760 | mg/5 ml morphine coprovided in the emergency supply DON stated RN about always checkir dosage and compliar when retrieving/admit the emergency supply DON stated that RN about always checkir dosage and compliar when retrieving/admit the emergency supply DON stated that RN at the bottle label to the of morphine to the re RN #1 failed to comp concentration that we emergency supply if there were any que especially regarding access to pharmacy for clarification. The was made because t the label to the order | encentration was "the usual" gency supply. I.m., the director of nursing ed about Resident #1's or. The DON stated that she to the term of the ordered 10 mg. The was available, the physician dent sent to the hospital for stated there had been no the facility for at least the stated there was no history for or care concerns to DON stated that she told the anymore more 23 because of the error and upset about the incident. #1 was educated on 2/13/23 and to ensure the correct force with the physician's order nistering medications from the prior to administration sident. The DON stated that the are the order to the as available in the The DON stated if unsure, or | F 76 | | | | |

| STATEMENT OF DEFICIENCIES (AND PLAN OF CORRECTION | | IDENTIFICATION NUMBER: | | PLE CONSTRUCTION | , , | (X3) DATE SURVEY COMPLETED | |
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| | | 49E004 | B. WING | | | C)2/16/2023 | |
| | ROVIDER OR SUPPLIER O CO NURSING HOME | ,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,, | | STREET ADDRESS, CITY, STATE, ZIP CODE 1229 COUNTY FARM ROAD BEDFORD, VA 24523 | | • | |
| (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 DEFICIENCY) | SHOULD BE | (X5) COMPLETION DATE | |
| F 760 | difficulty breathing and did not look at the coshe was administering #1 did not typically win to help." The DON preventable if the lab compared and adjust made prior to preparimedicine. On 2/16/23 at 10:45 again about the mediquestioned further, Rissue with calculating stated in the "heat of to get the medication his respiratory distress "assuming" she had to order, instead of acturation the emergency administered 0.5 ml is stated, "It was an over On 2/16/23 at 11:20 apharmacist (other state the Resident #1's me pharmacist stated the morphine solution with concentration was the available for supply in device. The pharmac was a question about administer. The pharmacose of morphine could administer. | the resident was having and in human error, the nurse incentration of the morphine g. The DON stated that RN ork on the floor but "jumped a stated that this error was el and order had been ments and/or clarification ing and administering the a.m., RN #1 was interviewed cation error. When N #1 stated there was no in the proper dose. RN #1 the moment" she was trying to the resident quickly due as. RN #1 stated she was the concentration on the hally checking the label. RN in the end of 5 ml. RN #1 ersight on my part." The a.m., the consultant in the consultant in the emergency Pyxis can be concentration in the emergency Pyxis can be concentration in the emergency Pyxis can be concentration in the emergency Pyxis can be concentrated that the 10 mg and have been administered the of 100 mg/5 ml bottle if | F 76 | | | | |

| | | (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: | ` ′ | JLTIPLE CONSTRUCTION DING | | (X3) DATE SURVEY COMPLETED | |
|--------------------------|--|---|---------------------|--|------------------------------|-------------------------------|--|
| | | 49E004 | B. WING | | | C 02/16/2023 | |
| | ROVIDER OR SUPPLIER OCO NURSING HOME | | | STREET ADDRESS, CITY, STATE, ZIP COL 1229 COUNTY FARM ROAD BEDFORD, VA 24523 | | | |
| (X4) ID PREFIX TAG | (EACH DEFICIENC | ATEMENT OF DEFICIENCIES BY MUST BE PRECEDED BY FULL LSC IDENTIFYING INFORMATION) | ID PREFIX TAG | PROVIDER'S PLAN OF CO (EACH CORRECTIVE ACTION CROSS-REFERENCED TO THE DEFICIENCY) | N SHOULD BE E APPROPRIATE | (X5) COMPLETION DATE | |
| F 760 | Continued From page | e 21 | F 76 | 60 | | | |
| | 10/1/17) documented administered as pression good nursing principal of the policy docume rights" of medication RIGHTS - Right reside right route, right time reason, right responsion medication being adressed the first 5 Rights is resin the process of prepadministration: (1) we selected, (2) when the container, and finally prepared and the me #1: Select the Medic contents are checked against the medication (MAR) by reviewing the Complete the preparere-verify the label against the first 5 RightsThe record (MAR) is always medication administration sched with the medication, the schedule on the residual are different and the been flagged indicati if there is any other redosage or directions, | eral Guidelines (effective di, "Medications are cribed in accordance with es and practices" Step 4 inted regarding the "eight administration, "EIGHT dent, right drug, right dose, right documentation, right ee, are applied for each ministered. A triple check of ecommended at three steps paration of a medication for then the medication is e dose is removed from the (3) just after the dose is dication put awayCheck eation - label, container, and differ integrity, and compared on administration record the first 5 RightsCheck #2: the dose is removed from the diagainst the label and the effirst 5 RightsCheck #3: ation of the dose and ainst the MAR by reviewing the medication administration eys employed during ation. Prior to administration e medication and dosage | | | | | |

| STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: | | (X2) MULTIF | PLE CONSTRUCTION G | | (X3) DATE SURVEY COMPLETED | |
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| | | 49E004 | B. WING | | | C 02/16/2023 |
| | ROVIDER OR SUPPLIER CO NURSING HOME | J | | STREET ADDRESS, CITY, STATE, ZIP CODE 1229 COUNTY FARM ROAD BEDFORD, VA 24523 | | 02/10/2023 |
| (X4) ID PREFIX TAG | (EACH DEFICIENCE | TATEMENT OF DEFICIENCIES CY MUST BE PRECEDED BY FULL LSC IDENTIFYING INFORMATION) | ID PREFIX TAG | PROVIDER'S PLAN OF CORRE (EACH CORRECTIVE ACTION SHO CROSS-REFERENCED TO THE APP DEFICIENCY) | OULD BE | (X5) COMPLETION DATE |
| F 760 | Continued From pag | e 22 | F 76 | 60 | | |
| | procedures for adminus and confine each individual reside Administration Recomedications to each. The Nursing 2022 Didescribes morphine for the management This reference documblack box warning stadministering morph dosing errors because different concentration and milliliters, which overdose and death. The following QAPI was provided for reversident sent to ER accidental Morphine 1. Correction for idea resident sent to ER for 2. How will you identify and correct them if the performed for any M system for residents identifications. System Changes: | etive 6/9/15) documented in histering medications, and medication orders for ent on the Medication and PRIOR to administering resident" Trug Handbook on page 1004 as an opioid analgesic used of moderate to severe pain. The ments oral morphine has a lating, "Take care when ine oral solution to avoid se of confusion among ons and between milligrams could result in accidental" (1) Action Plan, dated 3-14-23, iew: for evaluation following overdose entified resident/system - for evaluation iffy other potential residents needed? - Audit was orphine pulled from Pyxis use in the last 30 days with no iffied. what are you going to do the recurrence? - all Morphine | | | | |
| | Additional changes to Morphine at med car | ooth nurses will review t with MAR to ensure proper o administering Morphine. | | | | |

| STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA AND PLAN OF CORRECTION IDENTIFICATION NUMBER: | | | (X2) MULTIPLE CONSTRUCTION A. BUILDING | | (X3) DATE SURVEY COMPLETED | |
|---|--|--|---|---|---|----------------------------|
| | | 49E004 | B. WING | | | C 02/16/2023 |
| | ROVIDER OR SUPPLIER O CO NURSING HOME | | | STREET ADDRESS, CITY, STATE 1229 COUNTY FARM ROAD BEDFORD, VA 24523 | E, ZIP CODE | 02/16/2023 |
| (X4) ID PREFIX TAG | (EACH DEFICIENC | ATEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL LSC IDENTIFYING INFORMATION) | ID PREFI TAG | X (EACH CORRECTIVE CROSS-REFERENCE | AN OF CORRECTION VE ACTION SHOULD BE ED TO THE APPROPRIATE ICIENCY) | (X5) COMPLETION DATE |
| F 760 | DON/designee. 4. Monitoring - RN supyxis system to ensum MAR prior to administ audits x 12 weeks x 3 reviewed in monthly review/recommendat. These findings were administrator and direct at 11:50 a.m. Subsequeducation was requefacility documentation. Noncompliance was. | apervisor or designee to audit are 2 nurses to verify with tering Morphine. Weekly 3 months. Audits will be QA meetings for ions. The reviewed with the ector of nursing on 2/16/23 quently, evidence of nursing sted and provided. Based on n, a determination of Past | F | 760 | | |