

State of Virginia

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  <b>VA0026</b>	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____  B. WING _____	(X3) DATE SURVEY COMPLETED  <b>C</b> <b>08/16/2023</b>
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NAME OF PROVIDER OR SUPPLIER  <b>BEDFORD CO NURSING HOME</b>	STREET ADDRESS, CITY, STATE, ZIP CODE <b>1229 COUNTY FARM ROAD</b> <b>BEDFORD, VA 24523</b>
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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) COMPLETE DATE
F 000	<p>Initial Comments</p> <p>An unannounced biennial State Licensure Inspection was conducted 8/14/2023 through 8/16/2023. The facility was not in compliance with the Virginia Regulations for the Licensure of Nursing Facilities.</p> <p>The census in this 90 bed facility was 77 at the time of the survey. The survey sample consisted of 22 current Resident reviews and 2 closed record reviews.</p>	F 000		
F 001	<p>Non Compliance</p> <p>The facility was out of compliance with the following state licensure requirements:</p> <p>This RULE: is not met as evidenced by: The facility was not in compliance with the following Virginia Rules and Regulations for the Licensure of Nursing Facilities:</p> <p>12VAC5-371-200 B. 1. - cross reference to F658</p> <p>12VAC5-371-220 B. cross reference to F684</p> <p>12VAC5-371-220 B. - cross reference to F759</p> <p>12VAC5-371-200 B.6- cross reference to F810</p>	F 001	<p>F658</p> <p>1. Resident #61 received Eliquis on 8/15/23 at 9:20 a.m.</p> <p>2. An audit was conducted by Director of Nursing/Designee to identify any current residents that have orders for Eliquis that requires nurse signature for accurate entries in the resident's medical record.</p> <p>3. Director of Nursing/Designee educated nurses on making prompt, accurate entries in a resident's medical record and are not to document medication delivery prior to giving the medication as well as utilization of pyxis system for medication not available on med cart.</p>	9/18/23

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE

Electronically Signed

TITLE

(X6) DATE

09/07/23

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F 001	Continued From page 1	F 001	<p>4. Director of Nursing/Designee will audit EMARs for prompt and accurate entries of Eliquis for 3 residents  a week x 4 weeks with verification of medication delivery occurs prior to documentation of delivery and the pyxis system is utilized for medication not readily available on med cart. Director of Nursing/Designee to present results in QA x 3 months for recommendations</p> <p>F684</p> <p>1. Residents #10 is receiving meals in bite size pieces.</p> <p>2. An audit was conducted by Director of Nursing/Designee to identify any current residents that have orders for bite size pieces' delivery are receiving meals in bite size pieces. No discrepancies identified.</p> <p>3. Director of Nursing/Designee educated all nursing staff to ensure bite size pieces' delivery is correct with the care plan and is verified by staff with the meal slip.</p> <p>4. Director of Nursing/Designee will audit to ensure residents are receiving correct bite size pieces for 2 residents a week for 4 weeks in accordance with meal slip. Director of Nursing/Designee to present results in QA x 3 months for recommendations.</p>	

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F 001	Continued From page 2	F 001	<p>F759</p> <ol style="list-style-type: none"> <li>1. Medications are being administered per provider order. Resident #69 has been administered the correct dosage of Flovent and instructions to rinse and spit are followed. Resident #61 has Metroprolol administered as ordered (whole) and Eliquis is being administered timely.</li> <li>2. Medication errors for the month of August have been investigated with no report of adverse resident outcome. A medication error audit was performed with 3 nurses on 9/5 with a medication error rate of 0%.</li> <li>3. Director of Nursing/Designee educated all nurses to ensure proper accurate medication delivery including pharmacy instructions of whether to administer the medication whole or if the medication may be crushed, as well as to verify the 5 medication rights including right resident, right medication, right dosage, right time and right documentation.</li> <li>4. Director of Nursing/Designee will audit 3 medication pass/error rate percentage a week xs 4 weeks, including verification of Medication are delivered whole or crushed per pharmacy instructions, as well as the five medication rights are followed. Director of Nursing/Designee to present results in QA x 3 months for recommendations.</li> </ol>	

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F 001	Continued From page 3	F 001	<p>F810</p> <ol style="list-style-type: none"> <li>1. Resident #180 is receiving beverages in a 2 handled sip cup.</li> <li>2. An audit was performed by Director of Nursing/Designee to identify all residents care planned for a 2 handled sip cup for beverages were in compliance. No discrepancies identified.</li> <li>3. Director of Nursing/Designee educated all nursing staff to ensure residents care planned 2 handled sip cups for beverages are in compliance.</li> <li>4. Director of Nursing/Designee will audit 5 meals a week for 4 weeks. Director of Nursing/Designee to present results in QA x 3 months for recommendations.</li> </ol>	