PRINTED: 11/29/2023 FORM APPROVED OMB NO. 0938-0391

STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA AND PLAN OF CORRECTION IDENTIFICATION NUMBER:			(X2) MULTIPLE CONSTRUCTION A. BUILDING			(X3) DATE SURVEY COMPLETED	
		495300	B. WING _	B. WING		C 10/31/2023	
	NAME OF PROVIDER OR SUPPLIER HERITAGE HALL KING GEORGE			10	TREET ADDRESS, CITY, STATE, ZIP CODE 0051 FOXES WAY KING GEORGE, VA 22485	1 10/	01/2020
(X4) ID PREFIX TAG	(EACH DEFICIENC)	ATEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREFI TAG	x	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD B CROSS-REFERENCED TO THE APPROPRI DEFICIENCY)		(X5) COMPLETION DATE
F 000	INITIAL COMMENTS		F	000			
F 658 SS=G	standard survey was 10/30/2023-10/31/202 were required for com 483 Federal Long Ter One complaint was in (VA00056975 substar at Past Non- Complia The census in this 13 97 at the time of the sconsisted of 3 resider Services Provided McCFR(s): 483.21(b)(3)(§483.21(b)(3) Compromediate CFR(s): 483.21(b)(3) Compromediate CFR(s): 483.21(b)(3) Compromediate CFR(s): 483.21(b)(s) CFR(s): 483.	23. Significant corrections appliance with 42 CFR Part rm Care requirements. Evestigated during the survey intiated with deficiency cited ince). 2 certified bed facility was survey. The survey sample intreviews. Evet Professional Standards (i) ehensive Care Plans or arranged by the facility, imprehensive care plan, estandards of quality. is not met as evidenced in item, facility documentation cord review, the facility staff isional standards of quality for ent #2) which resulted in item (Resident #1) in a survey dents.	F	658	Past noncompliance: no plan of correction required.		
ADODATOSY	medications containing				TITLE		(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.

Facility ID: VA0103

STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA AND PLAN OF CORRECTION IDENTIFICATION NUMBER:		` ′	LE CONSTRUCTION	(X3) DATE SURVEY COMPLETED C			
		495300	B. WING		10/31/2	2023	
	NAME OF PROVIDER OR SUPPLIER HERITAGE HALL KING GEORGE			STREET ADDRESS, CITY, STATE, ZIP CODE 10051 FOXES WAY KING GEORGE, VA 22485	10/3//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 CORREC (EACH CORRECTIVE ACTION SHO CROSS-REFERENCED TO THE APPR DEFICIENCY)	ULD BE CO	(X5) DMPLETION DATE	
F 658	roommate, Resident medications, develop tachycardia (fast hear required hospitalizati harm for Resident #1 Resident #2 was adr with diagnoses that ito: Schizophrenia, Doconvulsions, Anxiety Disease, Schizoaffed Hypothyroidism. Resident #2's most reset) assessment at the Quarterly assessment at the Quarterly assessment Review Date) of 10/2 Resident #2 with a Bental Status) of 14 cognitive impairment assistance of 1 staff daily living. Resident #2 no longer therefore a review of Resident #2 was con 10/31/2023. Review of the Physical documentation of memodications that wern November 2022 at 6 Benztropine 0.5 MG bid (twice a day) for the second in the s	the bedside unattended. The # 1, consumed the cup of ped altered mental status and ped altered but were not limited dementia, Hypothyroidism, and an eltime of the incident was a ped time of time of the incident was a ped time of time of the incident was a ped time of	F 65				

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:		(X2) MULTIPLE CONSTRUCTION A. BUILDING		(X3) DATE SURVEY COMPLETED	
		495300	B. WING				31/ 2023
	ROVIDER OR SUPPLIER E HALL KING GEORGE			1	OTREET ADDRESS, CITY, STATE, ZIP CODE O051 FOXES WAY KING GEORGE, VA 22485		2020
(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 B CROSS-REFERENCED TO THE APPROPRIA DEFICIENCY)		(X5) COMPLETION DATE
F 658	a day) Clozapine 100 mg on hours for schizophrer Latuda 89 mg one tal snack dx (diagnosis) Review of the Novem Administration Reconfor those medications 11/18/2022 at 6:00 ar Resident # 1 was adr diagnoses that includ history of stroke with dysarthria, diabetes ramputation. The most recent MDS assessment at the tin Quarterly assessment Review Date) of 10/1 Resident # 1 with a B Mental Status) of 15/impairment. Resider assistance of 1-2 stat daily living. Review of the Physic Progress Note dated following documentat "Patient seen today of status) and tachypner roommates medication of Ativan 0.5 mg, lature levothyroxine 25 mg are is responding to proving the status of the proving the proving status of the proving sta	the tablet by mouth every 12 mia ble p.o. bid with a meal or schizophrenia aber 2022 Medication derevealed "N" documented a that were due on m. Initted to the facility with led but were not limited to: residual left-sided deficit, mellitus, right below the knee of the incident was a set with an ARD (Assessment 2/2022. The MDS coded stimus and the with an ARD (Assessment 2/2022. The MDS coded stimus for medicating no cognitive and #1 required extensive of persons with activities of sians Encounter Summary 11/18/2022 revealed the sion: lue to AMS (altered mental a after incidentally taking her on that include on [sic] tablet da, 80 mg, and and clozaril 100 mg. Patient ider on exam, however and initially not responding.	F	658			

STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA AND PLAN OF CORRECTION IDENTIFICATION NUMBER:		(X2) MULTI A. BUILDIN	PLE CONSTRUCTION G		(X3) DATE SURVEY COMPLETED		
		495300	B. WING _			C 10/31/2023	
	ROVIDER OR SUPPLIER E HALL KING GEORGE			STREET ADDRESS, CITY, STATE, ZIP CODE 10051 FOXES WAY KING GEORGE, VA 22485	.	10/01/2020	
(X4) ID PREFIX TAG	(EACH DEFICIEN	TATEMENT OF DEFICIENCIES CY MUST BE PRECEDED BY FULL R 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 658	Continued From paç		F 6	58			
	distress and acutely Psychiatric: insight: anxious. flat affect. It time, place and pers abnormal and remot Lungs: decreased bair movement Cardiovascular:ar Assessment and Plat. Altered Mental st (alert and oriented): responding to provio mumble when name 2. Tachycardia-HR (Heart rate) in the ER (Emergency secondary to ingestitate 3. Medication administration Recomorning medications on 11/18/2022 after consumed Resident left unattended. Review of the hospit documentation that 11/18/2022 from the 1734 (5:34 p.m.) and facility on 11/22/202	an: atus-patient normally A./O x 3 at baseline, not der per baseline. Does e is called. de 110's-120's. will send to Room to evaluate and treat on of psychiatric medications histered in error" mber 2022 Medication ord revealed the scheduled es for Resident # 1 were held Resident # 1 incidentally # 2's medications that were tal records revealed Resident #1 was admitted on Emergency Department at d discharged back to the 2 at 1410 (2:10 p.m.) mary included documentation and Plan: "Acute toxic ondary to incidental					

		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULT A. BUILDII	IPLE CONSTRUCTION NG	_	(X3) DATE SURVEY COMPLETED		
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	ROVIDER OR SUPPLIER E HALL KING GEORGE			STREET ADDRESS, CITY, 10051 FOXES WAY KING GEORGE, VA 2		10.0 11.2023		
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)		ID PREFI TAG	(EACH COR	R'S PLAN OF CORRECTION RECTIVE ACTION SHOULD BE RENCED TO THE APPROPRIA DEFICIENCY)			
F 658	Continued From pag	e 4	F	558				
	Levothyroxine 25 m -mental status impro (Magnetic Resonand -continue supportive -neurology input, fall continue tele monitor Under hospital cours from nursing home for incidentally taking he medication that inclu Patient was admitted encephalopathy secon psychiatric drug inger consultation with Net status has now impror antibiotics will be train patient is awaiting M will be discharge back Review of the Facility policy revealed docur excerpts: Policy heading: Med safe and timely manue "6. Medication errors and reviewed by the Performance Improv process changes and staff training. Also, "26. Medications or resident ay not be ac resident, unless perr	e imaging) brain treatment, neuro checks and aspiration precautions, ring e was written: "Presented or altered mental status after er roommates [sic] de I with acute toxic ondary to incidental stion. Patient was seen in urologyPatient's mental oved to baseline and nsitioned to p.o. (by mouth) RI brain and if it is negative						

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		A. BOILDING		С
	495300	B. WING	· · · · · · · · · · · · · · · · · · ·	10/31/2023
NAME OF PROVIDER OR SUPPL	IER	<u> </u>	STREET ADDRESS, CITY, STATE, ZIP (
HEDITAGE HALL KING OF			10051 FOXES WAY	
HERITAGE HALL KING GEO	DRGE		KING GEORGE, VA 22485	
PREFIX (EACH DE	MARY STATEMENT OF DEFICIENCIES FICIENCY MUST BE PRECEDED BY FULL DRY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF (EACH CORRECTIVE AC' CROSS-REFERENCED TO DEFICIEN	TION SHOULD BE COMPLETION THE APPROPRIATE DATE
conducted with who left the me was no longer of the survey. she was "still u stated she sho pocket instead bedside. RN-E ringing loudly a happening. RN happened before she did not kee when she went alarms. RN-B medications for of Resident #2 the room, she we empty but Rese RN-B stated in assessed Resi RN-B stated in assessed Resi RN-B stated she was recovered from roommate's me on 10/31/2023 conducted with who stated she should not have	at 11 a.m., an interview was the nurse Registered Nurse- Bedication at the bedside. RN-Bemployed at the facility at the time RN-B was very tearful and stated pset that this happened." RN-Buld have put the pills in her jacket of leaving the medications at the stated the fire alarms were and she ran to see what was N-B stated this had never ore in her career and she was sorry appossession of the medications at to check out the problem with the stated she put the cup of resident #2 on the bedside table. She stated when she returned to noticed the medication cup was ident #2 had not taken the pills. Then she asked Resident #1 if she poills, Resident #1 replied "yes." In mediately she took vital signs, dent #1 and notified the provider. The continued to monitor Resident reactions to the consumption of edications. RN-B stated this portion of the state of the consumption of edications. RN-B stated this portion of the state of the stat	F 65	58	

		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	1 ' '	LE CONSTRUCTION G	(X3) DATE SURVEY COMPLETED		
		495300	B. WING		C 40/24/2022		
	NAME OF PROVIDER OR SUPPLIER HERITAGE HALL KING GEORGE			STREET ADDRESS, CITY, STATE, ZIP CODE 10051 FOXES WAY KING GEORGE, VA 22485	10/31/2023		
(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 CORRECTIO (EACH CORRECTIVE ACTION SHOULD CROSS-REFERENCED TO THE APPROPI DEFICIENCY)	BE COMPLETION		
F 658	investigate the sour RN-B's absence in to consumed the medi for Resident #2. The stated it was very use known to be very conursing experience, supervisor. The Registated that incident and the facility staff re-educate the staff ever happened aga. Review of the PNC plan documents revitaken to assess and adverse reactions, to RN-B was discipline notification to the state training of all of the of Nursing performed the training of all of the of Nursing of all nuadministration were. The Past Non-Complex in the Past Non-Complex in the resident An incident report heresident and incident report heresident is own RP. The identified staff heregarding proper nuadministered medicistandards of practice staff in the resident is some resident and incident of practice standards of practice in the staff in the regarding proper nuadministered medicistandards of practice in the staff in the s	itions when she went to adding of fire alarms. During the room, Resident #1 cations that had been poured the Regional Nurse Consultant infortunate because RN-B was conscientious and had lots of RN-B was a nursing gional Nurse Consultant was totally out of the ordinary responded immediately to to make sure nothing like that in. (Past Non Compliance)/action ealed immediate action was I monitor Resident #1 for the provider was notified, and with a written warning, at agency of the incident and licensed nurses. The Director of the above. The copies of reses regarding medication reviewed. Steps: the resident has been grand the attending the practitioner) has been grand the attending the practitioner) has been given 1:1 education resing procedure for attion as ordered and per	F 65				

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F 658	11/18/22 Action: Identification Steps: *All residents receiv	ge 7 of Nursing initials) completed of Deficient Practice(s)- ing medications may have ected. All licensed nurses	F 65	58				
	have had a medicat ensure compliance specifically to ensur at the bedside. *All nurses demonst be in-services [sic] ?	ion pass observation to with medication pass policy, e that no medications are left rating deficient practices will 1:1 and an incident report will ch negative finding and						
	standards of practic administration has be changes are warran * All licensed nurses proper procedure fo following nursing state ensuring medication	and procedure for Nursing e for medication een reviewed and no						
	maintaining complia conduct twice a wee ensure no medicatio resident's bedside. addressed at the tim	rsing is responsible for nce. The DON/designee will be room rounds x 4 weeks to ons have been left at Any negative findings will be ne of discovery and ary action will be taken.						

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	I ' '	(X2) MULTIPLE CONSTRUCTION A. BUILDING		(X3) DATE SURVEY COMPLETED	
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(X4) ID PREFIX TAG	(EACH DEFICIENC)	ATEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREFI TAG	X	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD B CROSS-REFERENCED TO THE APPROPRIA DEFICIENCY)		(X5) COMPLETION DATE
F 658	continue x 4 weeks and Date: 1/31/23 initialed. Completion date: 12/3 A copy of the Discipling warning for RN-B was a substitute of the Director of Nursing Consultant stated the nurses would follow the Nursing regarding Meson Both stated the nurse medications unattend medications prior to remergencies or performation. The Regional Nurse of professional guidance Potter Perry Fundames edition. The facility's Nursing Procedure Manual, Regional statement: See residents are performation current acceptable states. 1. A nursing services manual is available for providing resident card. Our facility's nursing procedure manuals or guidance for each typ 3. Our procedure manual current resource data	s identified, monitoring will and re-evaluated It by the Director of Nursing 30/2022" mary Action of a written a reviewed. In g and Regional Nurse expectation was that all the professional standards of edication Administration. It is should never leave ed. Nurses should secure esponding to any rming any other tasks. Consultant stated the expectation was that all the professional standards of edication Administration. It is should never leave ed. Nurses should secure esponding to any rming any other tasks. Consultant stated the expectation was entally of Nursing Ninth Services Policy and evised August 2006 stated envices provided to our ed in accordance with andards of clinical practice. policy and procedure or use by all personnel receives policy and contain step-by-step er of nursing care provided. In the professional journals, in the professional journals, in the professional journals, in the professional pournals, in the professional pournal	F	658			

		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION A. BUILDING			(X3) DATE SURVEY COMPLETED		
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	NAME OF PROVIDER OR SUPPLIER HERITAGE HALL KING GEORGE			STREET ADDRESS, CITY, STATE, ZIP CODE 10051 FOXES WAY KING GEORGE, VA 22485		10/31/2023		
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F 658	continuous basis. " The Director of Nurse Regional Nurse Cor Non Compliance Do The Regional Nurse 12/30/2022 was ind alleged compliance on-going. The Dire had been no incider medications at the burector of Nursing in person to the nurse knowledge of the innot on duty were car given the education to receive education nurses were educated. There was an in-ser "Med Pass observa" (Quality Assurance) was documentation received the in-service of Nurse of Nursing in person to the nurse knowledge of the innot on duty were car given the education to receive education nurses were educated.	anuals are updated on a sing, Administrator and insultant discussed the Past bouments with the surveyor. It Consultant stated the date of icative of the date the facility but the monitoring would be ictor of Nursing stated there ints of nurses leaving bedside. The Assistant istated she provided education isses immediately upon cident. The nurses who were lled on the telephone and in Licensed nurses continued in until 100 percent of the	F 6	,				
	to make rounds dail nurses during med p	sing stated she still continued y and randomly observed the pass. She stated there had f nurses leaving medications attended.						
	unattended at any ti Medication Adminis	e dated 11/18/2022 be left in residents room me under any circumstances. tration following facility policy re was documentation that						

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		495300	B. WING		1	C N24/2022	
	ROVIDER OR SUPPLIER			STREET ADDRESS, CITY, STATE, ZIP CODE 10051 FOXES WAY KING GEORGE, VA 22485		10/31/2023	
(X4) ID PREFIX TAG	(EACH DEFICIENC	TATEMENT OF DEFICIENCIES DY MUST BE PRECEDED BY FULL LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORREC (EACH CORRECTIVE ACTION SHO CROSS-REFERENCED TO THE APPF DEFICIENCY)	ULD BE	(X5) COMPLETION DATE	
F 658	Review of the Employonly disciplinary active related to the incider were no noted negatin RN-B's employee. The Professional Guper the Potter Perry "Rights of Medication" 1. Right patient - Chand the patient. Use 2. Right medication - Check the order. 3. Right dose - Checappropriateness of the reference. If necessal have another nurse 4. Right route - Again appropriateness of that the patient can the medication by the or 5. Right time - Check ordered medication. giving the ordered do Confirm when the late 6. Right documentate administration AFTE medication. Chart the specific information at the site of an injection vital sign that needed the drug. 7. Right reason - Coordered medication. history? Why is he/s	vided in person and over the nurses. Pyee file of RN-B revealed the on in the record was the one of the one o	F 65	58			

STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA AND PLAN OF CORRECTION IDENTIFICATION NUMBER:		(X2) MULT A. BUILDII	TIPLE CONSTRUCTION NG		(X3) DATE SURVEY COMPLETED			
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	ROVIDER OR SUPPLIER E HALL KING GEORGE			STREET ADDRESS, CITY, STATE, ZIP O 10051 FOXES WAY KING GEORGE, VA 22485	CODE			
(X4) ID PREFIX TAG	IX (EACH DEFICIENCY MUST BE PRECEDED BY FULL		(EACH DEFICIENCY MUST BE PRECEDED BY FULL		(EACH DEFICIENCY MUST BE PRECEDED BY FULL PREFIX		CORRECTION TION SHOULD BE THE APPROPRIAT CY)	
F 658	Continued From page 8. Right response - M the desired effect. If given, has his/her blo Does the patient verb During the end of day the facility Administra Assistant Director of I Consultant were infor discussed that RN-B Resident # 2 unattend determined that Resident determined that Resident medications intended was transparent about notified the provider of and monitored Reside and notified the provider of and monitored Resident # 1 and orde Emergency Department. Resident # 1 and orde Emergency Department. Resident in hospital and diagnose Encephalopathy due roommate's medicatic diagnosed with a urin	lake sure that the drug led to an antihypertensive was od pressure improved? alize?" If debriefing on 10/31/2023, tor, Director of Nursing, Nursing and Regional Nurse med of the findings. It was left the medications of ded. RN-B immediately dent # 1 consumed the for Resident # 2. RN-B at the error and immediately of the error. RN-B assessed ent # 1 for adverse reactions der of the changes in mental actitioner examined ered to transport to the ent of evaluation and # 1 was admitted to the		DEFICIENT DEFICIENT				
	corrective action of a All licensed nurses re regarding medication leaving medications u under any circumstan rooms, medication pa and regular rounds w of Nursing stated rand and rounds were still	white to the State Agency, Written Warning for RN-B, ceived in-service education administration and never unattended at the bedside ces. Monitoring of the lass and pour observations, ere conducted. The Director dom audits, observations						

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F 658	and staff interviews w no deficient practice i	tions, audits were validated, vere conducted. There was dentified at the time of legation of compliance, icy is cited at past	F	658			
F 760 SS=G	CFR(s): 483.45(f)(2) The facility must ensure \$483.45(f)(2) Resider medication errors. This REQUIREMENT by: Based on staff intervive review and clinical received and clinica	is not met as evidenced iew, facility documentation cord review, the facility staff esident (Resident # 1) of 3 y sample was free of a errors. facility staff failed to ensure cations including psychiatric left unattended and al consumption by Resident stalization for 4 days. This : initted to the facility with ed but were not limited to: residual left-sided deficit, nellitus, right below the knee	F	760	Past noncompliance: no plan of correction required.		

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F 760	Quarterly assessment Review Date) of 10/1 Resident # 1 with a B Mental Status) of 15, impairment. Resider assistance of 1-2 stated assistance of 1	ne of the incident was a at with an ARD (Assessment 2/2022. The MDS coded MMS (Brief Interview for /15 indicating no cognitive int # 1 required extensive iff persons with activities of sians Encounter Summary 11/18/2022 revealed the tion: the to AMS (altered mental a after incidentally taking her on that include on [sic] tablet ida, 80 mg, and and clozaril 100 mg. Patient ider on exam, however and initially not responding. The proof of the proof in the pro	F 76			

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F 760	Continued From pag	ge 14	F 76	50				
	11/18/2022 from the 1734 (5:34 p.m.) and 11/22/2022 at 1410 on the Discharge St and Plan Acute toxic encephal incidental psychiatric one Ativan 0.5 mg (r Levothyroxine 25 m mental status improduding the continue supportive reurology input, fall continue tele monito	Resident #1 was admitted on Emergency Department at discharged to the facility on (2:10 p.m.) ummary of the Assessment lopathy secondary to drugs ingestion- milligrams), Latuda 80 mg, g, and Clozaril 100 mg. ving. follow up MRI the imaging) brain of treatment, neuro checks and aspiration precautions,						
	from nursing home f incidentally taking he medication that inclu	or altered mental status after er roommates [sic] ide one Ativan 0.5 mg 80 mg, Levothyroxine 25						
	Patient was admitted encephalopathy sec psychiatric drug inge consultation with Ne	ondary to incidental estion. Patient was seen in						
	policy revealed docu excerpts: Policy heading: Med	y's Medication Administration imentation of the following ications are administered in a ner, and as prescribed.						
	"6. Medication errors	s are documented, reported						

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	` '	(X2) MULTIPLE CONSTRUCTION A. BUILDING			(X3) DATE SURVEY COMPLETED	
		495300	B. WING _			l	C 31/2023	
	ROVIDER OR SUPPLIER E HALL KING GEORGE			STREET ADDRESS, CITY, STATE, ZIP COE 10051 FOXES WAY KING GEORGE, VA 22485	ΣE			
(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 CO (EACH CORRECTIVE ACTION CROSS-REFERENCED TO THE DEFICIENCY)	N SHOULD BE E APPROPRIA		(X5) COMPLETION DATE	
F 760	Performance Improve process changes and staff training. Also, "26. Medications ord resident ay not be addresident, unless permolicy, and approved On 10/31/2023 at 11 conducted with the nutropy of the survey stated she was "still uter RN-B was no longer the time of the survey stated she was "still uter RN-B stated she should jacket pocket instead at the bedside. RN-B ringing loudly and she happening. RN-B stated at the bedside. RN-B ringing loudly and she happening. RN-B stated medications for Resident # 2. She the room, she noticed empty but Resident # RN-B stated when she had taken the pills, R RN-B stated immedia assessed Resident # RN-B stated she contained to the state of the room of	QAPI (Quality Assurance ement) committee to inform or the need for additional dered for a particular ministered to another littled by state law and facility by the director of nursing." a.m., an interview was urse Registered Nurse-B nedication at the bedside. Employed at the facility at an another little and lipset that this happened." all dhave put the pills in her of leaving the medications at stated the fire alarms were er ran to see what was leted this had never er career and she was sorry session of the medications eck out the problem with the she put the cup of lent # 2 on the bedside table stated when she returned to a the medication cup was 12 had not taken the pills. It is easked Resident # 1 if she esident # 1 replied "yes." It is the took vital signs, 1 and notified the provider. It indicates the consumption of	F 7	60				

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:			CONSTRUCTION	(X3) DATE SURVEY COMPLETED	
			7 50.251	_		(
		495300	B. WING _			10/	31/2023
NAME OF PROVIDER OR SUPPLIER HERITAGE HALL KING GEORGE			10	TREET ADDRESS, CITY, STATE, ZIP CODE 0051 FOXES WAY ING GEORGE, VA 22485			
(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 760	should not have left the bedside. She stated the administer the medical but did not secure the went to investigate the The Regional Nurse of unfortunate because conscientious and has the Regional Nurse of incident was totally out facility staff respondent the staff to make sure happened again. Review of the PNC (Fiplan documents reveall nurses regarding in "Action-Corrective Actions-Sassessed by nursing a physician/NP (nurse protified of the resident An incident report has resident an incident report has regarding proper production as ordered of practice Date and Signature of (Assistant Director of 11/18/22) Action: Identification of Steps: *All residents receiving the state of the state of the staff has regarding proper production as ordered of practice. *Action: Identification of Steps:	restood that the nurse (RN-B) re medications at the re medications at the re medications when she re sounding of fire alarms. Consultant stated it was very RN-B was known to be very red lots of nursing experience. Consultant stated that red interest of the ordinary and the red immediately to re-educate re nothing like that ever Past Non Compliance)/action redication administration. Reps: the resident has been redication administration. Reps: the resident has been redicationer) has been redicationer) has been redicationer and the responsible party) reduce for administered red and per nursing standards red and per nursing standards red and per nursing standards	F	760			

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		` IDENTIFICATION NUMBER: `		IPLE CONSTRUCTION IG	(X3) DATE SURVEY COMPLETED		
		495300	B. WING _			10/:	31/2023
NAME OF PROVIDER OR SUPPLIER HERITAGE HALL KING GEORGE			STREET ADDRESS, CITY, STATE, ZIP COD 10051 FOXES WAY KING GEORGE, VA 22485	E			
(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 CO (EACH CORRECTIVE ACTION CROSS-REFERENCED TO THE DEFICIENCY)	I SHOULD BE		(X5) COMPLETION DATE
F 760	Continued From page		F 7	760			
	specifically to ensure at the bedside. *All nurses demonstrate in-services [sic] 1: be completed for each disciplinary action will Date: Action: Systemic Characteristics at the facility policy are standards of practice administration has be changes are warrant. * All licensed nurses proper procedure for following nursing starensuring medications ordered and no medicibed bedside. Action: Monitoring: Steps: *The Director of Nursemaintaining compliant conduct twice a week ensure no medication resident's bedside. A addressed at the time appropriate disciplination in the following in the follow	anges and procedure for Nursing for medication een reviewed and no eed at this time. have been in-serviced on administering medications adards of practice to include have been taken as cations are left at the ing is responsible for ce. The DON/designee will a room rounds x 4 weeks to as have been left at any negative findings will be e of discovery and ry action will be taken. is identified, monitoring will and re-evaluated d by the Director of Nursing					
	warning for RN-B was						

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION (X1) PROVIDER/SUPPLIE IDENTIFICATION NU	MRED.	TIPLE CONSTRUCTION ING	(X3) DATE SURVEY COMPLETED
495300	B. WING		C 10/31/2023
NAME OF PROVIDER OR SUPPLIER HERITAGE HALL KING GEORGE		STREET ADDRESS, CITY, STATE, ZIP 10051 FOXES WAY KING GEORGE, VA 22485	
(X4) ID SUMMARY STATEMENT OF DEFICIENCIE PREFIX (EACH DEFICIENCY MUST BE PRECEDED BY TAG REGULATORY OR LSC IDENTIFYING INFORM	Y FULL PREF		CTION SHOULD BE COMPLETION DATE
The Director of Nursing, Administrator and Regional Nurse Consultant discussed the Non Compliance Documents with the sun The Regional Nurse Consultant stated the 12/30/2022 was indicative of the date the alleged compliance but the monitoring wo on-going. The Director of Nursing stated had been no incidents of nurses leaving medications at the bedside. The Assistan Director of Nursing stated she provided et in person to the nurses immediately upon knowledge of the incident. The nurses who not on duty were called on the telephone given the education. Licensed nurses of to receive education until 100 percent of the nurses were educated. There was an in-service dated 11/29/2022 "Med Pass observation, policy review, Qay (Quality Assurance) return demonstration was documentation that all licensed nurses received the in-service education, medicate pass observation, and return demonstration to make rounds daily and randomly obser nurses during med pass. She stated there been no incidents of nurses leaving medicated at the bedside or unattended. The in-services were dated 11/18/2022 Medication cannot be left in residents roof unattended at any time under any circums Medication Administration following facility and procedure. There was documentation in-services were provided in person and control of the p	d Past veyor. e date of facility buld be I there Int ducation ho were and ontinued he 2 entitled A ." There es stion on. Intinued ved the e had cations m stances. y policy n that	760	

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	` ′		NSTRUCTION	(X3) DATE COMP	SURVEY PLETED
		495300	B. WING			1	C / 31/2023
NAME OF PROVIDER OR SUPPLIER HERITAGE HALL KING GEORGE		•	10051	ET ADDRESS, CITY, STATE, ZIP CODE FOXES WAY GEORGE, VA 22485			
(X4) ID PREFIX TAG	(EACH DEFICIENC	TATEMENT OF DEFICIENCIES BY MUST BE PRECEDED BY FULL LSC IDENTIFYING INFORMATION)	ID PREFI TAG	x	PROVIDER'S PLAN OF CORRECTIOI (EACH CORRECTIVE ACTION SHOULD CROSS-REFERENCED TO THE APPROPF DEFICIENCY)	BE	(X5) COMPLETION DATE
F 760	the facility Administral Assistant Director of Consultant were information discussed that RN-B Resident # 2 unatten determined that Resimedications intended was transparent about notified the provider of and monitored Resident monitored Resident monitored Resident # 1 and ord Emergency Department treatment. Resident hospital and diagnose Encephalopathy due roommate's medication leaving medications and regular rounds word Nursing stated rangended and rounds were still During the dates of sadministering medication of the deficient practice.	y debriefing on 10/31/2023, ator, Director of Nursing, Nursing and Regional Nurse rmed of the findings. It was left the medications of ded. RN-B immediately dent # 1 consumed the d for Resident #2. RN-B at the error and immediately of the error. RN-B assessed lent # 1 for adverse reactions ider of the changes in mental ractitioner examined lered to transport to the ent of evaluation and # 1 was admitted to the ed with Acute Toxic to incidental ingestion of the on. Received in-service education administration and never unattended at the bedside lass and pour observations, were conducted. The Director adom audits, observations being conducted. Rurvey, nurses were observed ations, audits were validated, were conducted. There was identified at the time of illegation of compliance, necy is cited at past	F '	760			