STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	495300	A. BUILDING _____ B. WING _____	C 10/31/2023

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
HERITAGE HALL KING GEORGE	10051 FOXES WAY KING GEORGE, VA 22485

(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETION DATE
F 000	INITIAL COMMENTS An unannounced Medicare/Medicaid abbreviated standard survey was conducted 10/30/2023-10/31/2023. Significant corrections were required for compliance with 42 CFR Part 483 Federal Long Term Care requirements. One complaint was investigated during the survey (VA00056975 substantiated with deficiency cited at Past Non- Compliance). The census in this 132 certified bed facility was 97 at the time of the survey. The survey sample consisted of 3 resident reviews.	F 000		
F 658 SS=G	Services Provided Meet Professional Standards CFR(s): 483.21(b)(3)(i) §483.21(b)(3) Comprehensive Care Plans The services provided or arranged by the facility, as outlined by the comprehensive care plan, must- (i) Meet professional standards of quality. This REQUIREMENT is not met as evidenced by: Based on staff interview, facility documentation review and clinical record review, the facility staff failed to meet professional standards of quality for one Resident (Resident #2) which resulted in harm for one Resident (Resident #1) in a survey sample of three Residents. Findings included: For Resident #2, on 11/18/22, the facility staff failed to follow professional standards regarding medication administration. Facility staff, Registered Nurse-B (RN-B) left a cup of medications containing 5 pills (including	F 658	Past noncompliance: no plan of correction required.	

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE | TITLE | (X6) DATE

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	495300	A. BUILDING _____ B. WING _____	C 10/31/2023

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
HERITAGE HALL KING GEORGE	10051 FOXES WAY KING GEORGE, VA 22485

(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETION DATE
F 658	Continued From page 1	F 658		

psychiatric drugs) at the bedside unattended. The roommate, Resident # 1, consumed the cup of medications, developed altered mental status and tachycardia (fast heart rate) and subsequently required hospitalization for 4 days, resulting in harm for Resident #1.

Resident #2 was admitted to the facility in 2018 with diagnoses that included but were not limited to: Schizophrenia, Dementia, Hypothyroidism, Convulsions, Anxiety, Gastroesophageal Reflux Disease, Schizoaffective Disorder and Hypothyroidism.

Resident #2's most recent MDS (minimum data set) assessment at the time of the incident was a Quarterly assessment with an ARD (Assessment Review Date) of 10/26/2022. The MDS coded Resident #2 with a BIMS (Brief Interview for Mental Status) of 14 out of 15 indicating no cognitive impairment. Resident #2 required assistance ranging from supervision to extensive assistance of 1 staff persons with activities of daily living.

Resident #2 no longer resided at the facility, therefore a review of the closed clinical record for Resident #2 was conducted on 10/30/2023 and 10/31/2023.

Review of the Physicians orders revealed documentation of medication orders of medications that were due to be administered in November 2022 at 6:00 a.m.:

Benztropine 0.5 MG (milligrams) po (by mouth) bid (twice a day) for tremors
Levothyroxine 25 mcg (micrograms) one tablet po daily every morning for hypothyroidism

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	495300	A. BUILDING _____ B. WING _____	C 10/31/2023

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
HERITAGE HALL KING GEORGE	10051 FOXES WAY KING GEORGE, VA 22485

(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETION DATE
F 658	Continued From page 2	F 658		

Ativan 5 milligrams take one tablet p.o. bid (twice a day)
Clozapine 100 mg one tablet by mouth every 12 hours for schizophrenia
Latuda 89 mg one table p.o. bid with a meal or snack dx (diagnosis) schizophrenia

Review of the November 2022 Medication Administration Record revealed "N" documented for those medications that were due on 11/18/2022 at 6:00 am.

Resident # 1 was admitted to the facility with diagnoses that included but were not limited to: history of stroke with residual left-sided deficit, dysarthria, diabetes mellitus, right below the knee amputation.

The most recent MDS (minimum data set) assessment at the time of the incident was a Quarterly assessment with an ARD (Assessment Review Date) of 10/12/2022. The MDS coded Resident # 1 with a BIMS (Brief Interview for Mental Status) of 15/15 indicating no cognitive impairment. Resident # 1 required extensive assistance of 1-2 staff persons with activities of daily living.

Review of the Physicians Encounter Summary Progress Note dated 11/18/2022 revealed the following documentation:
"Patient seen today due to AMS (altered mental status) and tachypnea after incidentally taking her roommates medication that include on [sic] tablet or Ativan 0.5 mg, latuda, 80 mg, and levothyroxine 25 mg and clozaril 100 mg. Patient is responding to provider on exam, however altered from baseline and initially not responding. FSBS (Fingerstick blood sugar) 202.

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	495300	A. BUILDING _____ B. WING _____	C 10/31/2023

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
HERITAGE HALL KING GEORGE	10051 FOXES WAY KING GEORGE, VA 22485

(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETION DATE
F 658	Continued From page 3	F 658		

Physical exam: Level of Distress: moderate distress and acutely ill. ambulation: Lying in floor. Psychiatric: insight: poor insight. Mental Status: anxious. flat affect. Orientation: not oriented to time, place and person. Memory: recent memory abnormal and remote memory abnormal."
Lungs: decreased breath sounds and diminished air movement
Cardiovascular:....and tachycardia

Assessment and Plan:
1. Altered Mental status-patient normally A./O (alert and oriented) x 3 at baseline, not responding to provider per baseline. Does mumble when name is called.
2. Tachycardia-
HR (Heart rate) in the 110's-120's. will send to the ER (Emergency Room to evaluate and treat secondary to ingestion of psychiatric medications
3. Medication administered in error"

Review of the November 2022 Medication Administration Record revealed the scheduled morning medications for Resident # 1 were held on 11/18/2022 after Resident # 1 incidentally consumed Resident # 2's medications that were left unattended.

Review of the hospital records revealed documentation that Resident #1 was admitted on 11/18/2022 from the Emergency Department at 1734 (5:34 p.m.) and discharged back to the facility on 11/22/2022 at 1410 (2:10 p.m.)

The Discharge Summary included documentation of the Assessment and Plan: "Acute toxic encephalopathy secondary to incidental psychiatric drugs ingestion."

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	495300	A. BUILDING _____ B. WING _____	C 10/31/2023

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
HERITAGE HALL KING GEORGE	10051 FOXES WAY KING GEORGE, VA 22485

(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETION DATE
F 658	Continued From page 4	F 658		

one Ativan 0.5 mg (milligrams), Latuda 80 mg, Levothyroxine 25 mg, and Clozaril 100 mg.
-mental status improving. follow up MRI (Magnetic Resonance imaging) brain
-continue supportive treatment, neuro checks
-neurology input, fall and aspiration precautions, continue tele monitoring

Under hospital course was written: "Presented from nursing home for altered mental status after incidentally taking her roommates [sic] medication that include...

Patient was admitted with acute toxic encephalopathy secondary to incidental psychiatric drug ingestion. Patient was seen in consultation with Neurology...Patient's mental status has now improved to baseline and antibiotics will be transitioned to p.o. (by mouth) patient is awaiting MRI brain and if it is negative will be discharge back."

Review of the Facility's Medication Administration policy revealed documentation of the following excerpts:
Policy heading: Medications are administered in a safe and timely manner, and as prescribed.
"6. Medication errors are documented, reported and reviewed by the QAPI (Quality Assurance Performance Improvement) committee to inform process changes and or the need for additional staff training.
Also,
"26. Medications ordered for a particular resident ay not be administered to another resident, unless permitted by state law and facility policy, and approved by the director of nursing."

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	495300	A. BUILDING _____ B. WING _____	C 10/31/2023

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
HERITAGE HALL KING GEORGE	10051 FOXES WAY KING GEORGE, VA 22485

(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETION DATE
F 658	Continued From page 5	F 658		

On 10/31/2023 at 11 a.m., an interview was conducted with the nurse Registered Nurse- B who left the medication at the bedside. RN-B was no longer employed at the facility at the time of the survey. RN-B was very tearful and stated she was "still upset that this happened." RN-B stated she should have put the pills in her jacket pocket instead of leaving the medications at the bedside. RN-B stated the fire alarms were ringing loudly and she ran to see what was happening. RN-B stated this had never happened before in her career and she was sorry she did not keep possession of the medications when she went to check out the problem with the alarms. RN-B stated she put the cup of medications for Resident #2 on the bedside table of Resident #2. She stated when she returned to the room, she noticed the medication cup was empty but Resident #2 had not taken the pills. RN-B stated when she asked Resident #1 if she had taken the pills, Resident #1 replied "yes." RN-B stated immediately she took vital signs, assessed Resident # 1 and notified the provider. RN-B stated she continued to monitor Resident #1 for adverse reactions to the consumption of unintended medications. RN-B stated this incident has continued to bother her because she had never made such a mistake before.. RN-B stated she was grateful that Resident #1 recovered from accidentally ingesting her roommate's medications.

On 10/31/2023 at 12:45 p.m., an interview was conducted with the Regional Nurse Consultant who stated she understood that the nurse (RN-B) should not have left the medications at the bedside of Resident # 2. She stated that the nurse did not actually administer the medications to the wrong resident but did not secure the

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	495300	A. BUILDING _____ B. WING _____	C 10/31/2023

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
HERITAGE HALL KING GEORGE	10051 FOXES WAY KING GEORGE, VA 22485

(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETION DATE
F 658	Continued From page 6	F 658		

roommate's medications when she went to investigate the sounding of fire alarms. During RN-B's absence in the room, Resident #1 consumed the medications that had been poured for Resident #2. The Regional Nurse Consultant stated it was very unfortunate because RN-B was known to be very conscientious and had lots of nursing experience. RN-B was a nursing supervisor. The Regional Nurse Consultant stated that incident was totally out of the ordinary and the facility staff responded immediately to re-educate the staff to make sure nothing like that ever happened again.

Review of the PNC (Past Non Compliance)/action plan documents revealed immediate action was taken to assess and monitor Resident #1 for adverse reactions, the provider was notified, RN-B was disciplined with a written warning, notification to the state agency of the incident and training of all of the licensed nurses. The Director of Nursing performed the above. The copies of the training of all nurses regarding medication administration were reviewed.

The Past Non-Compliance Document stated: "Action-
Corrective Actions- Steps: the resident has been assessed by nursing and the attending physician/NP (nurse practitioner) has been notified of the resident and has examined the resident
An incident report has been completed, the resident is own RP (responsible party)
The identified staff has been given 1:1 education regarding proper nursing procedure for administered medication as ordered and per standards of practice
Date and Signature of Completion: 11/18/22-

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	495300	A. BUILDING _____ B. WING _____	C 10/31/2023

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
HERITAGE HALL KING GEORGE	10051 FOXES WAY KING GEORGE, VA 22485

(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETION DATE
F 658	Continued From page 7	F 658		

(Assistant Director of Nursing initials) completed 11/18/22

Action: Identification of Deficient Practice(s)-
Steps:
*All residents receiving medications may have potentially been affected. All licensed nurses have had a medication pass observation to ensure compliance with medication pass policy, specifically to ensure that no medications are left at the bedside.
*All nurses demonstrating deficient practices will be in-services [sic] 1:1 and an incident report will be completed for each negative finding and disciplinary action will be taken.
Date:

Action: Systemic Changes
Steps:
* The facility policy and procedure for Nursing standards of practice for medication administration has been reviewed and no changes are warranted at this time.
* All licensed nurses have been in-serviced on proper procedure for administering medications following nursing standards of practice to include ensuring medications have been taken as ordered and no medications are left at the bedside.

Action: Monitoring:
Steps:
*The Director of Nursing is responsible for maintaining compliance. The DON/designee will conduct twice a week room rounds x 4 weeks to ensure no medications have been left at resident's bedside. Any negative findings will be addressed at the time of discovery and appropriate disciplinary action will be taken.

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	495300	A. BUILDING _____ B. WING _____	C 10/31/2023

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
HERITAGE HALL KING GEORGE	10051 FOXES WAY KING GEORGE, VA 22485

(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETION DATE
F 658	Continued From page 8	F 658		

* If deficient practice is identified, monitoring will continue x 4 weeks and re-evaluated.-
Date: 1/31/23 initialed by the Director of Nursing

Completion date: 12/30/2022"

A copy of the Disciplinary Action of a written warning for RN-B was reviewed.

The Director of Nursing and Regional Nurse Consultant stated the expectation was that all nurses would follow the professional standards of Nursing regarding Medication Administration. Both stated the nurses should never leave medications unattended. Nurses should secure medications prior to responding to any emergencies or performing any other tasks.

The Regional Nurse Consultant stated the professional guidance used by the facility was Potter Perry Fundamentals of Nursing Ninth edition.

The facility's Nursing Services Policy and Procedure Manual, Revised August 2006 stated "policy Statement: Services provided to our residents are performed in accordance with current acceptable standards of clinical practice.

1. A nursing services policy and procedure manual is available for use by all personnel providing resident care.
2. Our facility's nursing services policy and procedure manuals contain step-by-step guidance for each type of nursing care provided.
3. Our procedure manual is developed using current resource data from approved textbooks on nursing care/treatments, professional journals, and practice guidelines from government

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	495300	A. BUILDING _____ B. WING _____	C 10/31/2023

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
HERITAGE HALL KING GEORGE	10051 FOXES WAY KING GEORGE, VA 22485

(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETION DATE
F 658	Continued From page 9	F 658		

agencies.
4. Our procedure manuals are updated on a continuous basis. "

The Director of Nursing, Administrator and Regional Nurse Consultant discussed the Past Non Compliance Documents with the surveyor. The Regional Nurse Consultant stated the date of 12/30/2022 was indicative of the date the facility alleged compliance but the monitoring would be on-going. The Director of Nursing stated there had been no incidents of nurses leaving medications at the bedside. The Assistant Director of Nursing stated she provided education in person to the nurses immediately upon knowledge of the incident. The nurses who were not on duty were called on the telephone and given the education. Licensed nurses continued to receive education until 100 percent of the nurses were educated.

There was an in-service dated 11/29/2022 entitled "Med Pass observation, policy review, Q A (Quality Assurance) return demonstration." There was documentation that all licensed nurses received the in-service education, medication pass observation, and return demonstration.

The Director of Nursing stated she still continued to make rounds daily and randomly observed the nurses during med pass. She stated there had been no incidents of nurses leaving medications at the bedside or unattended.

The in-services were dated 11/18/2022 Medication cannot be left in residents room unattended at any time under any circumstances. Medication Administration following facility policy and procedure. There was documentation that

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	495300	A. BUILDING _____ B. WING _____	C 10/31/2023

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
HERITAGE HALL KING GEORGE	10051 FOXES WAY KING GEORGE, VA 22485

(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETION DATE
F 658	Continued From page 10	F 658		

in-services were provided in person and over the phone to all licensed nurses.

Review of the Employee file of RN-B revealed the only disciplinary action in the record was the one related to the incident on 11/18/2022. There were no noted negative performance evaluations in RN-B's employee file.

The Professional Guidance for Nursing standards per the Potter Perry website:
"Rights of Medication Administration"
"1. Right patient -Check the name on the order and the patient. Use 2 identifiers.
2. Right medication - Check the medication label. Check the order.
3. Right dose - Check the order. Confirm appropriateness of the dose using a current drug reference. If necessary, calculate the dose and have another nurse calculate the dose as well.
4. Right route - Again, check the order and appropriateness of the route ordered. Confirm that the patient can take or receive the medication by the ordered route.
5. Right time - Check the frequency of the ordered medication. Double-check that you are giving the ordered dose at the correct time. Confirm when the last dose was given.
6. Right documentation - Document administration AFTER giving the ordered medication. Chart the time, route, and any other specific information as necessary. For example, the site of an injection or any laboratory value or vital sign that needed to be checked before giving the drug.
7. Right reason - Confirm the rationale for the ordered medication. What is the patient's history? Why is he/she taking this medication? Revisit the reasons for long-term medication use.

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	495300	A. BUILDING _____ B. WING _____	C 10/31/2023

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
HERITAGE HALL KING GEORGE	10051 FOXES WAY KING GEORGE, VA 22485

(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETION DATE
F 658	Continued From page 11	F 658		

8. Right response - Make sure that the drug led to the desired effect. If an antihypertensive was given, has his/her blood pressure improved? Does the patient verbalize?"

During the end of day debriefing on 10/31/2023, the facility Administrator, Director of Nursing, Assistant Director of Nursing and Regional Nurse Consultant were informed of the findings. It was discussed that RN-B left the medications of Resident # 2 unattended. RN-B immediately determined that Resident # 1 consumed the medications intended for Resident # 2. RN-B was transparent about the error and immediately notified the provider of the error. RN-B assessed and monitored Resident # 1 for adverse reactions and notified the provider of the changes in mental status. The nurse practitioner examined Resident # 1 and ordered to transport to the Emergency Department of evaluation and treatment. Resident # 1 was admitted to the hospital and diagnosed with Acute Toxic Encephalopathy due to incidental ingestion of the roommate's medication. Resident # 1 was also diagnosed with a urinary tract infection for which she was treated while in the hospital. The facility administrative staff responded with timely reporting of the incident to the State Agency, corrective action of a Written Warning for RN-B, All licensed nurses received in-service education regarding medication administration and never leaving medications unattended at the bedside under any circumstances. Monitoring of the rooms, medication pass and pour observations, and regular rounds were conducted. The Director of Nursing stated random audits, observations and rounds were still being conducted.

During the dates of survey, nurses were observed

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	495300	A. BUILDING _____ B. WING _____	C 10/31/2023

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
HERITAGE HALL KING GEORGE	10051 FOXES WAY KING GEORGE, VA 22485

(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETION DATE
F 658	Continued From page 12 administering medications, audits were validated, and staff interviews were conducted. There was no deficient practice identified at the time of survey or since the allegation of compliance, therefore this deficiency is cited at past non-compliance. No further information was provided.	F 658		
F 760 SS=G	Residents are Free of Significant Med Errors CFR(s): 483.45(f)(2) The facility must ensure that its- §483.45(f)(2) Residents are free of any significant medication errors. This REQUIREMENT is not met as evidenced by: Based on staff interview, facility documentation review and clinical record review, the facility staff failed to ensure one resident (Resident # 1) of 3 residents in the survey sample was free of significant medication errors. For Resident #1, the facility staff failed to ensure the roommate's medications including psychiatric medications were not left unattended and available for incidental consumption by Resident # 1, resulting in hospitalization for 4 days. This constitutes harm. The findings included: Resident # 1 was admitted to the facility with diagnoses that included but were not limited to: history of stroke with residual left-sided deficit, dysarthria, diabetes mellitus, right below the knee amputation. The most recent MDS (minimum data set)	F 760	Past noncompliance: no plan of correction required.	

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	495300	A. BUILDING _____ B. WING _____	C 10/31/2023

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
HERITAGE HALL KING GEORGE	10051 FOXES WAY KING GEORGE, VA 22485

(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETION DATE
F 760	Continued From page 13	F 760		

assessment at the time of the incident was a Quarterly assessment with an ARD (Assessment Review Date) of 10/12/2022. The MDS coded Resident # 1 with a BIMS (Brief Interview for Mental Status) of 15/15 indicating no cognitive impairment. Resident # 1 required extensive assistance of 1-2 staff persons with activities of daily living.

Review of the Physicians Encounter Summary Progress Note dated 11/18/2022 revealed the following documentation:
"Patient seen today due to AMS (altered mental status) and tachypnea after incidentally taking her roommates medication that include on [sic] tablet or Ativan 0.5 mg, latuda, 80 mg, and levothyroxine 25 mg and clozaril 100 mg. Patient is responding to provider on exam, however altered from baseline and initially not responding. FSBS (Fingerstick blood sugar) 202.

Physical exam: Level of Distress: moderate distress and acutely ill. ambulation: Lying in floor. Psychiatric: insight: poor insight. Mental Status: anxious. flat affect. Orientation: not oriented to time, place and person. Memory: recent memory abnormal and remote memory abnormal."

Assessment and Plan:
1. Altered Mental status-patient normally A./O (alert and oriented) x 3 at baseline, not responding to provider per baseline. Does mumble when name is called.
2. Tachycardia-
HR (Heart rate) in the 110's-120's. will send to the ER (Emergency Room to evaluate and treat secondary to ingestion of psychiatric medications
3. Medication administered in error"

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	495300	A. BUILDING _____ B. WING _____	C 10/31/2023

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
HERITAGE HALL KING GEORGE	10051 FOXES WAY KING GEORGE, VA 22485

(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETION DATE
F 760	Continued From page 14	F 760		

Review of the hospital records revealed documentation that Resident #1 was admitted on 11/18/2022 from the Emergency Department at 1734 (5:34 p.m.) and discharged to the facility on 11/22/2022 at 1410 (2:10 p.m.)

On the Discharge Summary of the Assessment and Plan
Acute toxic encephalopathy secondary to incidental psychiatric drugs ingestion-

one Ativan 0.5 mg (milligrams), Latuda 80 mg, Levothyroxine 25 mg, and Clozaril 100 mg.
-mental status improving. follow up MRI (Magnetic Resonance imaging) brain
-continue supportive treatment, neuro checks
-neurology input, fall and aspiration precautions, continue tele monitoring

Under hospital course was written: Presented from nursing home for altered mental status after incidentally taking her roommates [sic] medication that include one Ativan 0.5 mg (milligrams), Latuda 80 mg, Levothyroxine 25 mg, and Clozaril 100 mg.

Patient was admitted with acute toxic encephalopathy secondary to incidental psychiatric drug ingestion. Patient was seen in consultation with Neurology.

Review of the Facility's Medication Administration policy revealed documentation of the following excerpts:
Policy heading: Medications are administered in a safe and timely manner, and as prescribed.

"6. Medication errors are documented, reported

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	495300	A. BUILDING _____ B. WING _____	C 10/31/2023

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
HERITAGE HALL KING GEORGE	10051 FOXES WAY KING GEORGE, VA 22485

(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETION DATE
F 760	Continued From page 15	F 760		

and reviewed by the QAPI (Quality Assurance Performance Improvement) committee to inform process changes and or the need for additional staff training.
Also,
"26. Medications ordered for a particular resident ay not be administered to another resident, unless permitted by state law and facility policy, and approved by the director of nursing."

On 10/31/2023 at 11 a.m., an interview was conducted with the nurse Registered Nurse-B (RN-B) who left the medication at the bedside. RN-B was no longer employed at the facility at the time of the survey. RN-B was very tearful and stated she was "still upset that this happened." RN-B stated she should have put the pills in her jacket pocket instead of leaving the medications at the bedside. RN-B stated the fire alarms were ringing loudly and she ran to see what was happening. RN-B stated this had never happened before in her career and she was sorry she did not keep possession of the medications when she went to check out the problem with the alarms. RN-B stated she put the cup of medications for Resident # 2 on the bedside table of Resident # 2. She stated when she returned to the room, she noticed the medication cup was empty but Resident # 2 had not taken the pills. RN-B stated when she asked Resident # 1 if she had taken the pills, Resident # 1 replied "yes." RN-B stated immediately she took vital signs, assessed Resident # 1 and notified the provider. RN-B stated she continued to monitor Resident # 1 for adverse reactions to the consumption of unintended medications.

On 10/31/2023 at 12:45 a.m., an interview was conducted with the Regional Nurse Consultant

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	495300	A. BUILDING _____ B. WING _____	C 10/31/2023

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
HERITAGE HALL KING GEORGE	10051 FOXES WAY KING GEORGE, VA 22485

(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETION DATE
F 760	Continued From page 16	F 760		

who stated she understood that the nurse (RN-B) should not have left the medications at the bedside. She stated that the nurse did not administer the medications to the wrong resident but did not secure the medications when she went to investigate the sounding of fire alarms. The Regional Nurse Consultant stated it was very unfortunate because RN-B was known to be very conscientious and had lots of nursing experience. The Regional Nurse Consultant stated that incident was totally out of the ordinary and the facility staff responded immediately to re-educate the staff to make sure nothing like that ever happened again.

Review of the PNC (Past Non Compliance)/action plan documents revealed copies of the training of all nurses regarding medication administration. "Action-
Corrective Actions- Steps: the resident has been assessed by nursing and the attending physician/NP (nurse practitioner) has been notified of the resident and has examined the resident
An incident report has been completed, the resident is own RP (responsible party)
The identified staff has been given 1:1 education regarding proper procedure for administered medication as ordered and per nursing standards of practice
Date and Signature of Completion: 11/18/22- (Assistant Director of Nursing initials) completed 11/18/22

Action: Identification of Deficient Practice(s)- Steps:
*All residents receiving medications may have potentially been affected. All licensed nurses have had a medication pass observation to

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	495300	A. BUILDING _____ B. WING _____	C 10/31/2023

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
HERITAGE HALL KING GEORGE	10051 FOXES WAY KING GEORGE, VA 22485

(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETION DATE
F 760	Continued From page 17	F 760		

ensure compliance with medication pass policy, specifically to ensure that no medications are left at the bedside.
*All nurses demonstrating deficient practices will be in-services [sic] 1:1 and an incident report will be completed for each negative finding and disciplinary action will be taken.
Date:

Action: Systemic Changes
Steps:
* The facility policy and procedure for Nursing standards of practice for medication administration has been reviewed and no changes are warranted at this time.
* All licensed nurses have been in-serviced on proper procedure for administering medications following nursing standards of practice to include ensuring medications have been taken as ordered and no medications are left at the bedside.

Action: Monitoring:
Steps:
*The Director of Nursing is responsible for maintaining compliance. The DON/designee will conduct twice a week room rounds x 4 weeks to ensure no medications have been left at resident's bedside. Any negative findings will be addressed at the time of discovery and appropriate disciplinary action will be taken.
* If deficient practice is identified, monitoring will continue x 4 weeks and re-evaluated.-
Date: 1/31/23 initialed by the Director of Nursing

Completion date: 12/30/2022"

A copy of the Disciplinary Action of a written warning for RN-B was reviewed.

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	495300	A. BUILDING _____ B. WING _____	C 10/31/2023

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
HERITAGE HALL KING GEORGE	10051 FOXES WAY KING GEORGE, VA 22485

(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETION DATE
F 760	Continued From page 18	F 760		

The Director of Nursing, Administrator and Regional Nurse Consultant discussed the Past Non Compliance Documents with the surveyor. The Regional Nurse Consultant stated the date of 12/30/2022 was indicative of the date the facility alleged compliance but the monitoring would be on-going. The Director of Nursing stated there had been no incidents of nurses leaving medications at the bedside. The Assistant Director of Nursing stated she provided education in person to the nurses immediately upon knowledge of the incident. The nurses who were not on duty were called on the telephone and given the education. Licensed nurses continued to receive education until 100 percent of the nurses were educated.

There was an in-service dated 11/29/2022 entitled "Med Pass observation, policy review, Q A (Quality Assurance) return demonstration." There was documentation that all licensed nurses received the in-service education, medication pass observation, and return demonstration.

The Director of Nursing stated she still continued to make rounds daily and randomly observed the nurses during med pass. She stated there had been no incidents of nurses leaving medications at the bedside or unattended.

The in-services were dated 11/18/2022 Medication cannot be left in residents room unattended at any time under any circumstances. Medication Administration following facility policy and procedure. There was documentation that in-services were provided in person and over the phone

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	495300	A. BUILDING _____ B. WING _____	C 10/31/2023

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
HERITAGE HALL KING GEORGE	10051 FOXES WAY KING GEORGE, VA 22485

(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETION DATE
F 760	Continued From page 19	F 760		

During the end of day debriefing on 10/31/2023, the facility Administrator, Director of Nursing, Assistant Director of Nursing and Regional Nurse Consultant were informed of the findings. It was discussed that RN-B left the medications of Resident # 2 unattended. RN-B immediately determined that Resident # 1 consumed the medications intended for Resident #2. RN-B was transparent about the error and immediately notified the provider of the error. RN-B assessed and monitored Resident # 1 for adverse reactions and notified the provider of the changes in mental status. The nurse practitioner examined Resident # 1 and ordered to transport to the Emergency Department of evaluation and treatment. Resident # 1 was admitted to the hospital and diagnosed with Acute Toxic Encephalopathy due to incidental ingestion of the roommate's medication.

All licensed nurses received in-service education regarding medication administration and never leaving medications unattended at the bedside under any circumstances. Monitoring of the rooms, medication pass and pour observations, and regular rounds were conducted. The Director of Nursing stated random audits, observations and rounds were still being conducted.

During the dates of survey, nurses were observed administering medications, audits were validated, and staff interviews were conducted. There was no deficient practice identified at the time of survey or since the allegation of compliance, therefore this deficiency is cited at past non-compliance.

No further information was provided.