STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	495185	A. BUILDING _____ B. WING _____	C 11/13/2023

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
WAVERLY REHABILITATION AND HEALTHCARE CENTER	456 E MAIN ST WAVERLY, VA 23890

(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 on 11/13/23. Corrections are required for compliance with 42 CFR Part 483 Federal Long Term Care requirements. One complaint (VA00059851-substantiated with deficiency) was investigated during the survey. The census in this 120 certified bed facility was 113 at the time of the survey. The survey sample consisted of 3 resident reviews.	F 000		
F 658 SS=D	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 observation, staff interview, clinical record review, and facility documentation review, the facility staff failed to provide care and services in accordance with professional standards for medication administration for 1 resident, Resident #1, in a survey sample of 3 residents. The findings included: For Resident #1, facility staff failed to administer, and/or document medications as administered, as ordered by the physician on 7/16/23 and 7/26/23. On 11/13/23, Resident #1's clinical record was reviewed and revealed physician orders and	F 658	F658- Professional Standards 1. Resident #1 no longer resides in the facility 2. All residents have the potential to be affected by this deficiency. The Director of Nursing or designee completed an audit on 11/14/2023 for the previous 7 days for any missed medications. 3. The Director of Nursing or designee will educate licensed staff regarding medication administration and following MD orders. 4. The Director of Nursing or designee will review the missed medication report 3x/week x 4 weeks, then monthly x 2	12/6/23

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

Electronically Signed | 12/06/2023

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
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F 658	Continued From page 1 medication administration documentation as follows: -Depakote Extended Release, 250mg, ordered to be given once a day at 12:00 PM--missed dose on 7/16/23 and 7/26/23. -Diltiazem HCl Extended Release, 300mg, ordered to be given once a day at 9:00 AM--missed dose on 7/16/23 and 7/26/23. -Lisinopril, 5mg, ordered to be given once a day at 8:00 AM--missed dose on 7/16/23. -Plavix, 75mg, ordered to be given once a day at 8:00 AM--missed dose on 7/16/23. -Hydralazine HCl, 10mg, ordered to be given two times a day--missed the 8:00 AM dose on 7/16/23 -Meformin HCl, 1000mg, ordered to be given two times a day--missed the 8:00 AM dose on 7/16/23. -Namenda, 10mg, ordered to be given two times a day--missed the 8:00 AM dose on 7/16/23. On 11/13/23 at approximately 2:45 PM, an interview was conducted with the Facility Administrator who confirmed the findings and stated that medications are expected to be given as ordered by the physician. The Facility Administrator stated that the facility's professional nursing standards reference was "Lippincott". A facility policy on medication administration was requested and received. At approximately 3:00 PM, an interview was conducted with licensed practical nurse (LPN C)	F 658	months to ensure medications are administered as ordered. The Director of Nursing will bring the audit results to the monthly QAPI meeting x 3 months for review and revision, if indicated. 5. Date of compliance 12/14/2023.	

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F 658	Continued From page 2	F 658		

who was assigned to Resident #1 on 7/16/23 and responsible for administering the medications. LPN C stated, "I can't explain why I didn't chart his [Resident #1's] morning meds, it's not like me to miss this but I feel like I did give them to him, he did not have any problems that were out of the ordinary on that day, I just can't explain how I missed charting his meds, I click them off as I prepare them, I must have forgot to click the last button that records the med pass before closing out of his record, I am so sorry about all of this".

Review of the facility policy entitled, "Administering Medications," revised April 2019, heading "Policy" read, "Medications are administered in a safe and timely manner, and as prescribed" and subheading "Policy Interpretation and Implementation", item 4 read, "Medications are administered in accordance with prescriber orders, including any required time frame."

According to Lippincott "Nursing Procedures", Seventh Edition, 2016, section entitled, "Oral Drug Administration", steps in the implementation of medication administration included but were not limited to: "Verify the medication is being administered at the proper time...to reduce the risk of medication errors".

On 11/13/23 at the end of day meeting, the Facility Administrator was updated on the findings. No further information was provided.