

DEPARTMENT OF HEALTH AND HUMAN SERVICES  
CENTERS FOR MEDICARE & MEDICAID SERVICES

PRINTED: 12/12/2023  
FORM APPROVED  
OMB NO. 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  <b>495189</b>	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____  B. WING _____		(X3) DATE SURVEY COMPLETED  <b>C</b>  <b>11/20/2023</b>
NAME OF PROVIDER OR SUPPLIER  <b>REGENCY HEALTH AND REHABILITATION CENTER</b>			STREET ADDRESS, CITY, STATE, ZIP CODE <b>112 N CONSTITUTION DR</b> <b>YORKTOWN, VA 23692</b>		
(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 11/20/23. Corrections are required for compliance with 42 CFR Part 483 Federal Long Term Care requirements. Two complaints were investigated during the survey (VA00059740-unsubstantiated; VA00059369-substantiated with deficiency).	F 000			
F 602 SS=D	Free from Misappropriation/Exploitation CFR(s): 483.12  §483.12 The resident has the right to be free from abuse, neglect, misappropriation of resident property, and exploitation as defined in this subpart. This includes but is not limited to freedom from corporal punishment, involuntary seclusion and any physical or chemical restraint not required to treat the resident's medical symptoms. This REQUIREMENT is not met as evidenced by: Based on interview, clinical record review and facility documentation, the facility staff failed to ensure residents are free from misappropriation of property for 1 Resident (Resident #1) in a survey sample of 2 Residents.  The findings included:  For Resident #1 the facility staff failed to prevent the diversion of the resident's narcotic pain medication, Oxycodone 10 mg (milligrams).  A review of facility documentation revealed that	F 602	The facility sets forth the following plan of correction to remain in compliance with all federal and state regulations. The facility has taken or will take the actions set forth in the plan of correction. The following plan of correction constitutes the facility's allegation of compliance. All deficiencies cited have been or will be corrected by the date or dates indicated.  F602	12/20/23	

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

TITLE

(X6) DATE

Electronically Signed

12/11/2023

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.

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F 602	<p>Continued From page 1</p> <p>the facility discovered a discrepancy between 7/8/2023 at 6:00 AM and 7/8/2023 at 12:00 PM, regarding Resident #1's narcotic pain medication, Oxycodone 10 mg IR (Immediate Release). The facility documentation showed that 52 tablets of Oxycodone were documented on 7/8/2023 at 6:00 on the controlled medication utilization record which was the end of the record. A new record was started, and 44 tablets of Oxycodone were documented on 7/8/2023 at 12:00 PM, thus leaving pills unaccounted for. The facility failed to review each controlled medication utilization sheet for accuracy.</p> <p>On 11/20/23 Surveyor B in reviewing the Controlled Medication Utilization sheet for accuracy in dispensing of medications, revealed to the facility that on the following days/dates the incorrect amount and/or doses were removed and/or dispensed or diverted from the medication card:</p> <p>This Resident's order was for Oxycodone IR (Immediate Release) 10 mg 1 tab by mouth every 6 hours. The doses were being given at 12:00 AM, 6:00 AM, 12:00 PM and 6:00 PM.</p> <p>6/24/23- 5:00 PM was signed out (as well as the 6:00 PM)</p> <p>6/28/23 - 2 doses were signed out for 6 PM</p> <p>6/29/23 - 2 doses were signed out for 12 AM</p> <p>6/30/23 - 2 doses were signed out for 6:00 PM</p> <p>7/3/23 - 2 doses were signed out on at 12:00 PM</p> <p>7/4/23 - 1 dose signed out at 10:00 AM (as well as the 12 PM dose and 2 doses were signed off at 6:00 PM)</p> <p>7/7/23 - 2 doses were signed out at 6:00 AM</p> <p>7/12/23 - 2 doses were signed out for 12:00 AM</p>	F 602	<ol style="list-style-type: none"> <li>1. Resident #1 is receiving narcotic pain medication as ordered and is free of misappropriation of property.</li> <li>2. Residents with ordered narcotic pain medications are at risk of misappropriation. Current Residents are at risk of misappropriation of property. A review of grievances for the past 30 days will be completed to determine any issues with misappropriation of property.</li> <li>3. All Nurses will be educated by the DON/designee on administration of narcotic medications and documentation of administration of narcotic medications. All Nurses will be educated by the DON/designee on reporting discrepancies noted in narcotic medications to the DON as soon as noted. All staff will be educated on reporting misappropriation of Resident property to the DON/ Administrator.</li> <li>4. The DON/designee will complete an audit of ordered narcotic medications to ensure that the medications are available as ordered weekly times 4 and monthly times 2. The Administrator/designee will monitor grievances for reports of misappropriation of property weekly times 4 and monthly times 2. Results of the audits will be presented to the Quality Assurance Committee for review.</li> <li>5. Completion date: December 20, 2023</li> </ol>		

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F 602	Continued From page 2  This revealed to the facility an additional 9 pills unaccounted for or inaccurately dispensed.  On 11/20/23 at approximately 11:50 PM the Administrator, the Director of Nursing were made aware of the discrepancies in the controlled medications for Resident #1. They were made aware that although they identified one part of the problem with the missing medications, they had missed an additional piece.  A review of the MAR (Medication Administration Record) reflected the appropriate amount of medication being signed out 4 times per day as ordered.  On 11/20/23 during the end of day meeting the Administrator was made aware and no further documentation was provided.	F 602			
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, interview, and clinical record review the facility staff failed to provide medication administration that meets professional standards of care for 1 of 2 medication carts.  The findings included:  For medication cart B, LPN B (licensed practical nurse-B), failed to administer medications	F 658	F658  1. Professional standards are being followed for medication administration to include signing off administration of the medication at time of administration. 2. Residents with ordered narcotic pain medications are at risk. 3. All Nurses will be educated by the		12/20/23

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F 658	<p>Continued From page 3</p> <p>following the facility policy and the accepted professional standard for signing off and administering controlled substances.</p> <p>On 11/20/23 at approximately 10:30 AM, 1 of the 2 medication carts were audited and LPN B was asked the process for shift-to-shift controlled drug count. LPN B stated that while the oncoming shift viewed the medication cards the off going shift would read the control sheet to verify the number of medications matched the sheet. When asked if she could demonstrate she stated that she could. While demonstrating she stated that she had not, "Finished signing out" her 9:00 AM "narcs." While counting the controlled sheets and comparing to the medication cards there were a total of 9 Residents' medications that had not been signed out on the controlled medication sheet. When asked what the standard procedure for dispensing medications is she stated, "We are supposed to sign them out as we give them." There was one narcotic card that had no label on it however it was attached to another card with a rubber band. When asked if the card is missing something LPN B stated that it was missing a label. When asked what the danger in that missing label she is stated that there is no way of identifying whose medication it is and what medication it is.</p> <p>On 11/20/23 at 11:30 AM an interview was conducted with the Director of Nursing (DON) who was asked what the expectation is for nurses the timeframe of nurses signing off medication. She stated nurses should conduct their checks when pulling medications however they sign them off in the computer as given after they administer. When asked why this is she stated in case the Resident does not take the medication then they</p>	F 658	<p>DON/designee on documentation of medication administration at time of administration.</p> <p>4. The SDC/designee will complete a medication observation to ensure that medication is documented at time of administration weekly times 4 and monthly times 2. Results of the audits will be presented to the Quality Assurance Committee for review.</p> <p>5. Completion date: December 20, 2023</p>		

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F 658	<p>Continued From page 4</p> <p>can click refused in the computer. When asked if this applies to the controlled substances. She stated when pulling controlled substances there are two steps you must first sign them out of the controlled locked box. To do this you ensure the number of pills on the card matches the amount on the sheet to pull the correct dose then sign out the sheet then you will do your regular computer sign off. If you pull and the resident refuses you sign off in the computer as refused and then with another licensed person would document and waste the controlled medication that was refused, and both sign the controlled sheet.</p> <p>When asked if a nurse should wait until her 9 AM meds are all done and sign out all her controlled substances at once she stated absolutely not. The DON stated that the professional standard used at the facility is Lippincott.</p> <p>According to Nursing 2012 Drug Handbook. (2012). Lippincott Williams &amp; Wilkins: Philadelphia, Pennsylvania Rights of Medication Administration</p> <ol style="list-style-type: none"> <li>1. Right patient</li> <li>2. Right medication</li> <li>3. Right dose</li> <li>4. Right route</li> <li>5. Right time</li> <li>6. Right documentation</li> <li>7. Right reason</li> <li>8. Right response</li> </ol> <p>On 11/20/23 during the end of day meeting the Administrator was made aware of the concerns. No further information was provided.</p>	F 658			
F 755 SS=D	Pharmacy Srvcs/Procedures/Pharmacist/Records CFR(s): 483.45(a)(b)(1)-(3)	F 755			12/20/23

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F 755	<p>Continued From page 5</p> <p>§483.45 Pharmacy Services The facility must provide routine and emergency drugs and biologicals to its residents, or obtain them under an agreement described in §483.70(g). The facility may permit unlicensed personnel to administer drugs if State law permits, but only under the general supervision of a licensed nurse.</p> <p>§483.45(a) Procedures. A facility must provide pharmaceutical services (including procedures that assure the accurate acquiring, receiving, dispensing, and administering of all drugs and biologicals) to meet the needs of each resident.</p> <p>§483.45(b) Service Consultation. The facility must employ or obtain the services of a licensed pharmacist who-</p> <p>§483.45(b)(1) Provides consultation on all aspects of the provision of pharmacy services in the facility.</p> <p>§483.45(b)(2) Establishes a system of records of receipt and disposition of all controlled drugs in sufficient detail to enable an accurate reconciliation; and</p> <p>§483.45(b)(3) Determines that drug records are in order and that an account of all controlled drugs is maintained and periodically reconciled. This REQUIREMENT is not met as evidenced by: Based on interview, clinical record review, and facility documentation the facility staff failed to provide pharmaceutical services to include procedures that assure the accurate reconciliation and accounting for all controlled</p>	F 755	<p>F755</p> <p>1. Resident #1 is receiving proper dispensing and accounting of controlled medications.</p>		

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F 755	<p>Continued From page 6</p> <p>medications for 1 Resident (Resident #1) in a survey sample of 2 Residents.</p> <p>The Findings included:</p> <p>For Resident #1 facility staff failed to ensure proper dispensing and accounting of controlled medications.</p> <p>A review of facility documentation revealed that although the facility discovered a discrepancy in the accounting of the narcotic pain medication, Oxycodone, for Resident #1, between 7/8/2023 at 6:00 AM and 7/8/2023 at 12:00 PM, they did not uncover the full extent of the discrepancy. The facility documentation showed that 52 tablets of Oxycodone was documented on 7/8/2023 at 6:00 AM on the controlled medication utilization record (which was the end of the record). A new record was started, and 44 tablets of Oxycodone were documented on 7/8/2023 at 12:00 PM, thus leaving pills unaccounted for. The facility failed to review each controlled medication utilization sheet for accuracy.</p> <p>On 11/20/23 Surveyor B in reviewing the Controlled Medication Utilization sheet for accuracy in dispensing of medications revealed to the facility that on the following days/dates the incorrect amount and/or doses were removed and/or dispensed or diverted from the medication card. The Resident's order was for Oxycodone IR (Immediate Release) 10 mg 1 tab by mouth every 6 hours. The doses were being given at 12:00 AM, 6:00 AM, 12:00 PM and 6:00 PM.</p> <p>6/24/23- 5:00 PM was signed out (as well as the 6:00 PM)</p> <p>6/28/23 - 2 doses were signed out for 6 PM</p>	F 755	<p>2. Residents with ordered narcotic pain medications are at risk. An audit of current narcotic medication orders and medication availability will be completed to assure that the medications are available.</p> <p>3. All Nurses will be educated by the DON/designee on procedures that assure accurate reconciliation and accounting for all controlled medications.</p> <p>4. The DON/designee will complete an audit of ordered narcotic medications to ensure that the medications are available as ordered weekly times 4 and monthly times 2. Results of the audits will be presented to the Quality Assurance Committee for review.</p> <p>5. Completion date: December 20, 2023</p>		

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F 755	<p>Continued From page 7</p> <p>6/29/23 - 2 doses were signed out for 12 AM 6/30/23 - 2 doses were signed out for 6:00 PM 7/3/23 - 2 doses were signed out on at 12:00 PM 7/4/23 - 1 dose signed out at 10:00 AM (as well as the 12 PM dose) and 2 doses were signed off at 6:00 PM. 7/7/23 - 2 doses were signed out at 6:00 AM 7/12/23 - 2 doses were signed out for 12:00 AM</p> <p>This revealed to the facility an additional 9 pills were unaccounted for or inaccurately dispensed.</p> <p>On 11/20/23 at approximately 11:50 PM the Administrator, the DON were made aware of the discrepancies in the controlled medications for Resident #1. They were made aware that although they identified one part of the problem with the missing medications, they missed an additional piece. The medications had been signed out so that the number of drugs on hand matched the number of drugs recorded on the sheet, however they were not as per the physician order.</p> <p>A review of the MAR (Medication Administration Record) reflected the appropriate amount of medication being signed out 4 times per day as ordered.</p> <p>On 11/20/23 during the end of day meeting the Administrator was made aware and no further documentation was provided.</p>	F 755			