

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

PRINTED: 07/28/2025
FORM APPROVED
OMB NO. 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 495424	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____	(X3) DATE SURVEY COMPLETED C 02/19/2025
NAME OF PROVIDER OR SUPPLIER LAKE MANASSAS HEALTH & REHABILITATION CENTER			STREET ADDRESS, CITY, STATE, ZIP CODE 14935 HOLLY KNOLL LANE GAINESVILLE, VA 20155	
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F 000	INITIAL COMMENTS An unannounced Medicare/Medicaid abbreviated survey was conducted 2/18/25 through 2/19/25. Corrections are required for compliance with 42 CFR Part 483 Federal Long Term Care requirements. Four complaint was investigated during the survey, VA00061100 - substantiated with deficiency, VA00061179 - substantiated with deficiency, VA00062627 - unsubstantiated, and VA00062754 - substantiated with deficiency. The census in this 120 certified bed facility was 115 at the time of the survey. The survey sample consisted of four current residents and one closed record reviews.	F 000		
F 677 SS=D	ADL Care Provided for Dependent Residents CFR(s): 483.24(a)(2) §483.24(a)(2) A resident who is unable to carry out activities of daily living receives the necessary services to maintain good nutrition, grooming, and personal and oral hygiene; This REQUIREMENT is not met as evidenced by: Based on resident interview, family interview, and clinical record review, it was determined the facility staff failed to provide incontinence care in a timely manner for one of five residents in the survey sample, Resident # 2. The findings include: For Resident #2 (R2), the facility staff failed to offer toileting or incontinence care for a period of three hours. On the most recent MDS (minimum data set) assessment, an annual assessment, with an	F 677	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. F677 ADL Care 1. Toileting program was initiated for	3/19/25

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

TITLE

(X6) DATE

Electronically Signed

03/05/2025

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 677	<p>Continued From page 1</p> <p>assessment reference date of 12/16/24, the resident scored an 11 out of 15 on the BIMS (brief interview for mental status) score, indicating the resident was moderately impaired for making daily decisions. In Section GG - Functional Status, the resident was coded as requiring substantial/maximum assistance for toilet transfers. In Section H - Bladder and Bowel, the resident was coded as being frequently incontinent of both bowel and bladder.</p> <p>On 2/18/25 at 10:30 a.m., An interview was conducted with R2 and her family. R2 stated, "I had taken a shower around 7:00 a.m. to 7:15 a.m". The resident stated, "I had not been offered to go to the bathroom or had her brief changed since that time". The family member stated, "She has asked for a toileting schedule for R2". At 10:57 a.m. the resident's family member requested the resident be taken to the bathroom as she had to have a bowel movement. On 2/18/25 at 1:56 p.m. observation was made of the resident's bathroom call bell ringing. The resident was in the bathroom. Once brought out from the bathroom, the resident's family member and surveyor noted the resident had on a different pair of pants.</p> <p>The comprehensive care plan dated, 12/27/23, documented in part, "Focus: (R2) is incontinent of bladder and bowel. Interventions: provide toileting hygiene with brief changes."</p> <p>On 2/18/25 at 2:15 p.m., An interview was conducted with CNA (certified nursing assistant) #1, CNA #1 stated, "Residents should be checked on or toileted every two hours. She stated she had given R2 a shower at 7:00 a.m. in the morning. She stated she had not checked her</p>	F 677	<p>resident #2 on March 5, 2025.</p> <p>2. All residents who require assistance with toileting or incontinence care have the potential to be affected.</p> <p>3. The DON or designee will educate all licensed nursing staff on expectation of purposeful rounding every two hours to include offering toileting and ADL incontinence care if needed.</p> <p>4. The DON or designee will audit 10 residents for toileting and incontinence care being performed appropriately five times per week X4 weeks, then three times per week X4 weeks, then weekly X4 weeks.</p> <p>5. Results of the monitoring will be presented to the QAPI committee for review and recommendations. Once QAPI determines the problem no longer exists, the monitoring will be conducted randomly.</p> <p>6. Date of compliance March 19, 2025</p>	

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F 677	<p>Continued From page 2</p> <p>until the nurse and unit manager had assisted her to the bathroom around 11:00 a.m. CNA #1 stated she didn't get back to the resident before then. When asked why the resident's pants had to be changed when she toileted her around 2:00 p.m. CNA #1 stated they were damp. CNA #1 stated the resident was not on a toileting schedule".</p> <p>On 2/19/25 at 10:43 a.m., An interview was with LPN (licensed practical nurse) #1, When asked if R2 was on a toileting schedule, LPN #1 stated, "She was not". LPN #1 stated, "The resident was better at telling them she needed to go to the bathroom before, but now she doesn't tell us as much. R2 is taken to the bathroom upon rising, then after lunch and before the shift ends around 2:45 p.m. LPN #1 stated the resident sometimes doesn't want to go to the bathroom between breakfast and lunch, but always goes after lunch and before the shift ends".</p> <p>On 2/19/25 11:25 a.m., An interview was conducted with ASM (administrative staff member) #2, the director of nursing, ASM #2 stated, "R2 was not on a toileting schedule", but it is her expectation of her staff to do purposeful rounding every two hours that includes incontinence care or the offering of toileting".</p> <p>On 2/19/25 at 2:15 p.m., ASM #1, the administrator, ASM #2, and ASM #3, the regional nurse consultant were made aware of the above findingsASM #3 stated the facility did not have a policy on toileting/incontinence care.</p> <p>No further information was provided prior to exit.</p> <p>Pharmacy Svcs/Procedures/Pharmacist/Records CFR(s): 483.45(a)(b)(1)-(3)</p>	F 677		
F 755 SS=D		F 755		3/19/25

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F 755	<p>Continued From page 3</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(f). 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.</p> <p>This REQUIREMENT is not met as evidenced by: Based on staff interview, facility document review and clinical record review, it was determined the facility staff failed to ensure medications were available for administration for one of five residents in the survey sample, Resident #1.</p>	F 755	<p>F755 Pharmacy Services 1. Resident #1 had a course of oral Vancomycin which was ordered and completed February 26, 2024, through March 8, 2024.</p>	

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F 755	<p>Continued From page 4</p> <p>The findings include:</p> <p>For Resident #1 (R1), the facility staff failed to obtain Vancomycin for administration, the resident missed six doses of the medication.</p> <p>The physician order dated, 2/26/24 at 9:55 a.m. documented, Vancomycin HCL (hydrochloride) (1) Oral Capsule 125 MG (milligrams); Give 1 capsule by mouth four times a day for c-diff (clostridium difficile)(2)."</p> <p>The February 2024 MAR (medication administration record) documented the above order. On 2/26/24 at the 1:00 p.m. dose a "9" was documented. A "9" indicates "Other/See progress note." On 2/26/24 for the 5:00 p.m. and 9:00 p.m. dose a "5" was documented. A "5" indicates "Hold/See progress note." On 2/27/24 for the 9:00 a.m. dose, it was documented as having been administered. On 2/27/24 for the 1:00 p.m. dose, a "9" was documented.</p> <p>Review of the nurse's notes revealed the following:</p> <p>On 2/26/24 at 2:07 p.m. - Medication is on the way, not given during this shift.</p> <p>2/26/24 at 10:48 p.m. - medicine is on order.</p> <p>2/26/24 at 11:27 p.m. - Called for pharmacy, they told us would send overnight. Not given two scheduled times. Need to adjust the order.</p> <p>2/27/24 at 12:45 p.m. - Medication is on the way, not given.</p> <p>The pharmacy manifest documented the medication was delivered to the facility on 2/27/24 at 1:16 p.m.</p>	F 755	<p>2. All residents with antibiotics ordered have the potential to be affected.</p> <p>3. The DON or designee will educate all licensed nurses on the policy and procedure and steps that must be taken if a medication is unavailable.</p> <p>4. The DON or designee will audit 10 residents for unavailable medications to ensure all steps are taken to ensure medications are available five times per week X4 weeks, then three times per week X4 weeks, then weekly X4 weeks.</p> <p>5. Results of the monitoring will be presented to the QAPI committee for review and recommendations. Once QAPI determines the problem no longer exists, the monitoring will be conducted randomly.</p> <p>6. Date of compliance March 19, 2025</p>	

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F 755	<p>Continued From page 5</p> <p>Review of the contents list of the Omnicell, failed to evidence the facility stocks Vancomycin Oral Capsules in the sysystem.</p> <p>An interview was conducted with LPN (licensed practical nurse) #2, on 2/19/25 at 9:28 a.m. When asked what a nurse is to do when a medication is not on the medication cart at the time it is to be administered, LPN #2 stated, " First the nurse needs to look in the medication room. If not there go to the Omnicell (pharmacy storage unit in facility). Call the pharmacy that you are missing the medication. Notify the nurse practitioner and responsible party. When asked if the facility stocks Vancomycin Oral Capsules, LPN #2 stated she didn't believe so. LPN #2 further stated with a medication like that, the nurse should have called the pharmacy to have the medication sent from a local pharmacy. She stated if the nurse practitioner puts the order an order in the system in the morning, it generally is here on the afternoon delivery around 6:00 p.m".</p> <p>The facility policy, "Medication Unavailability" documented, "A licensed nurse discovering a medication on order that is unavailable will initiate appropriate steps to ensure medical treatment is provided as ordered. 1. A licensed nurse will notify the provider of the unavailability of medication and discuss an alternative order, if necessary. 2. If alternate medication is ordered and is not available, the licensed nurse will activate the backup pharmacy process and procedures. 3. A licensed nurse will document notification to the provider of the unavailability in the medical record. 4. A licensed nurse will notify the responsible party of any new orders and document notification in the medical record."</p>	F 755		

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F 755	<p>Continued From page 6</p> <p>ASM (administrative staff member) #1, the administrator, ASM #2, the director of nursing, and ASM #3, the regional nurse consultant, were made aware of the above findings on 2/19/25 at 2:15 p.m.</p> <p>No further information was provided prior to exit.</p> <p>References:</p> <p>(1) Vancomycin is used to treat colitis (inflammation of the intestine caused by certain bacteria) that may occur after antibiotic treatment. Vancomycin is in a class of medications called glycopeptide antibiotics. It works by killing bacteria in the intestines. This information was obtained from the following website: https://medlineplus.gov/druginfo/meds/a604038.html.</p> <p>(2) C. diff is a bacterium that can cause diarrhea and more serious intestinal conditions such as colitis. You may see it called other names, such as Clostridioides difficile (the new name), Clostridium difficile (an older name), and C. difficile. This information was obtained from the following website: https://medlineplus.gov/cdiffinfections.html.</p>	F 755		