STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	49G055	A. BUILDING _____ B. WING _____	06/12/2025

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
POWELL AND PEARSON	722 A AND B OLD GRAVES MILL ROAD LYNCHBURG, VA 24502

(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
W 000	INITIAL COMMENTS An unannounced Fundamental Medicaid recertification survey was conducted 06/ 11/2025 through 06/12/2025. The facility was not in compliance with 42 CFR Part 483 Requirements for Intermediate Care Facilities for Individuals with Intellectual Disabilities (ICF/IID). The Life Safety Code survey/report will follow. No complaints were investigated during the survey. The census in this 9-certified bed facility was 7 at the time of the survey. The survey sample consisted of 3 client reviews (Clients #1 through #3).	W 000		
W 331	NURSING SERVICES CFR(s): 483.460(c) The facility must provide clients with nursing services in accordance with their needs. This STANDARD is not met as evidenced by: Based on observation, interview, record review, and facility policy review, the facility failed to follow physicians' orders for 1 (Client #2) of 3 sampled clients. Findings included: A facility policy titled, "Prescriptions and Written Orders ICF," revised 09/01/2023, indicated, "It is the policy of [facility parent company] to follow the prescriptions and/or written orders for all individuals. Procedure: A. Written orders for prescription and over-the-counter medications will be obtained from the individual's Physician/Provider, psychiatrist, dentist, or other licensed health care provider and retained in the individual's medical record. No medication, diet, medical procedure, or treatment will be started,	W 331		

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
	49G055	A. BUILDING _____ B. WING _____	06/12/2025

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
POWELL AND PEARSON	722 A AND B OLD GRAVES MILL ROAD LYNCHBURG, VA 24502

(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
W 331	Continued From page 1	W 331		

changed or discontinued without order by a medical provider."

Client #2's individual support plan (ISP), dated 07/24/2024, indicated the facility admitted the client on 06/25/2024. According to the ISP, the individual had a medical history that included diagnoses of severe intellectual disability, autism, atypical psychotic disorder, and obsessive/compulsive disorder.

Client #2's "Physician's Orders" revealed an order for Sinemet CR (carbidopa-levodopa sustained release) 25-100 milligram tablet, take one tablet by mouth in the morning at 6:00 AM, one tablet in the evening at 2:00 PM, and one tablet at 10:00 PM. There was also an order that specified, "May crush all medications except ferrous sulfate and carbidopa/levodopa."

During medication pass observation conducted on 06/11/2025 at 2:49 PM, the Residential Technician crushed one tablet of carbidopa-levodopa 25-100 mg and administered the medication to Client #2 in pudding.

During an interview on 06/12/2025 at 1:11 PM, the Residential Technician confirmed she administered Client #2 one tablet of carbidopa-levodopa 25-100 mg on 06/11/2025 at 2:49 PM. The Residential Technician stated she was not aware that the carbidopa-levodopa 25-100 mg could not be crushed. The Residential Technician apologized for the oversight.

During an interview on 06/12/2025 at 1:24 PM, the Director of Nursing Services (DNS) confirmed Client #2's physician's orders indicated the client was ordered carbidopa-levodopa 25-100 mg. The

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	49G055	A. BUILDING _____ B. WING _____	06/12/2025

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
POWELL AND PEARSON	722 A AND B OLD GRAVES MILL ROAD LYNCHBURG, VA 24502

(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
W 331	Continued From page 2 DNS acknowledged that the physician's orders indicated carbidopa-levodopa 25-100 mg could not be crushed. The DNS stated carbidopa-levodopa was a time released medication; therefore, it could not be administered in a crushed form. The DNS acknowledged the facility failed to correctly follow Client #2's physician's orders related to the administration of carbidopa-levodopa.	W 331		