STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	495087	A. Building B. Wing	05/06/2026

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Salem Health & Rehabilitation	1945 Roanoke Blvd Salem, VA 24153

For information on the nursing home's plan to correct this deficiency, please contact the nursing home or the state survey agency.

(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (Each deficiency must be preceded by full regulatory or LSC identifying information)
F 0684 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Provide appropriate treatment and care according to orders, resident?s preferences and goals. Based on staff interview and clinical record review, the facility staff failed to ensure residents receive treatment and care in accordance with a medical provider orders for (1) one of (3) three sampled residents, Resident #2. The findings included:For Resident #2, the facility staff failed to administer the medication Ertapenem for (7) seven days as ordered by a medical provider. Ertapenem is a potent antibiotic used to treat serious bacterial infections, including urinary tract infections. Resident #2's diagnosis list indicated diagnoses, which included, but not limited to spina bifida, paraplegia, weakness, neuromuscular dysfunction of bladder, and type 2 diabetes mellitus. The most recent annual minimum data set (MDS) with an assessment reference date (ARD) of 2/17/26 assigned the resident a brief interview for mental status (BIMS) summary score of 10 out of 15 for cognitive abilities, indicating the resident was moderately impaired in cognition. A review of Resident #2's April 2026 orders disclosed a medical provider order with a start date of 4/19/26 which read in part, .Ertapenem Sodium Injection Solution.1 (one) GM (gram).Inject 1 gram intramuscularly one time a day for uti (urinary tract infection) for 7 (seven) days.please give first dose now. The order had an end/completed date of 4/26/26. A review of the April 2026 MAR (medication administration record) disclosed the following:4/19/26 - was coded as (9) = Other / See Progress Note4/20/26 - was coded as (2) = Drug Refused4/21/26 - medication was administered4/22/26 - medication was administered4/23/26 - medication was administered4/24/26 - medication was administered4/25/26 - medication was administered4/26/26 - was marked with (X) not administered A review of Resident #2's progress notes did not disclose a progress note to include why ertapenem was not administered on 4/19/26. A follow-up visit medical provider progress note dated 4/20/26, which read in part, .was seen today due to refusal of IM (intramuscular) antibiotics for urinary tract infection.Per nursing staff.had refused.dose of ertapenem.when asked why.refusing.stated that.does not want a shot.Upon further review.IM ertapenem is the only medication.is susceptible to that is not via IV (intravenous).is not susceptible to any oral antibiotics at this time. After education regarding the importance of completing antibiotic therapy and that ertapenem is the only susceptible option available.agreed to comply with IM ertapenem daily for (7) seven days, with the course ending 4/26/26. A review of Resident #2's comprehensive person-centered care plan disclosed a focus which read in part, .UTI.The resident has developed a urinary tract infection. An intervention associated with the focus read in part, .Medications as ordered. On 5/6/26 at 10:34 AM, the Director of Nursing (DON) was interviewed and agreed a progress note for 4/19/26 could not be located for why the ertapenem was not administered to Resident #2. The DON stated another provider saw Resident #2 on 4/20/26 and the resident agreed to receive the medication for (7) seven days. The DON agreed Resident #2 received only (5) five doses of ertapenem and stated an order should have been obtained to extend the length of the medication administration. This concern was discussed on 5/6/26 at 11:19 AM at the pre-exit meeting with the Administrator, Director of Nursing, Regional Director of Clinical Services, Assistant Director of Nursing, and the Regional MDS Director. Requested and received a facility policy titled, Non-Controlled Medication Orders with a revision date of 08/2020 which read in part, .Medications are administered.upon receipt of a clear, complete, and signed order.Medication orders specify.Quantity or duration (length) of therapy. No further information was provided prior to exit on 5/6/26.

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.

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