STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	495120	A. Building B. Wing	03/19/2026

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Westminster-Canterbury of Lynchburg Inc	501 Ves Rd Lynchburg, VA 24503

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 0641 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Ensure each resident receives an accurate assessment. Based on staff interview and clinical record review the facility staff failed to ensure an accurate MDS assessment for 1 of 25 residents, Resident #2. The findings included:For Resident #2, the facility staff coded an admission MDS assessment to indicate the resident was taking an antibiotic at the time of the assessment. Resident #2 had not been on an antibiotic.Resident #2's diagnoses included genital tract fistulae and anxiety disorder.Section C (cognitive patterns) of Resident #2's admission MDS assessment with an assessment reference date (ARD) of 01/15/26 included a brief interview for mental status (BIMS) score of 15, indicating Resident #2 was cognitively intact. Section N (medications) had been coded to indicate the resident was taking an antibiotic.Resident #2's clinical record included a provider order for Hiprex (Methenamine Hippurate) 1 gram 1 tablet by mouth twice a day for urinary tract infection (UTI) prophylaxis.Per the Cleveland Clinic Methenamine Hippurate prevents UTIs caused by bacteria. It is not an antibiotic. Resident #2's comprehensive care plan included the focus area resident has potential for UTI. On 03/18/26 at 11:00 a.m., during an interview with the MDS coordinator this staff stated the use of an antibiotic was miscoded on the MDS and a correction had been completed. On 03/18/2026 at 4:30 p.m., during an end of the day meeting with the Administrator, Director of Nursing, MDS Coordinator, Nurse Supervisor #1, #2, and #3 the issue with the miscoding of the MDS assessment for Resident #2 was reviewed.No further information regarding this issue was provided to the survey team prior to the exit conference.

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

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(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 observations, staff interview, clinical record review and facility document review the facility staff failed to follow medical provider orders for 2 of 25 residents, Resident #5 and Resident #8. The findings included:1. For Resident #5, the facility staff failed to follow a medical provider orders to apply TED hose (Thrombo-Embolic Deterrent hose are specialized medical compression stockings designed to prevent blood clots) to the resident's BLE (bilateral lower extremities) on 3/18/26. Resident #5's diagnosis list indicated diagnoses, which included, but not limited to, Alzheimer's disease, osteoarthritis, lymphedema, and edema. The most recent quarterly minimum data set (MDS) with an assessment reference date (ARD) of 2/5/26, assigned the resident a brief interview for mental status (BIMS) summary score of 3 out of 15 for cognitive abilities, indicating Resident #5 was severely impaired in cognition. On 3/18/26 at 8:23 AM, Resident #5 was observed and interviewed. Bilateral TED hose were not visible to be on the resident's lower extremities. A review of a medical provider orders with a start date of 11/12/25 read in part, .TED hose to bilateral lower extremities on in the AM (morning) off at HS (hour of sleep/bedtime) for edema. On 3/18/26 at 1:12 PM, Resident #5 was observed. Bilateral TED hose were not visible to be on the resident's lower extremities. A review of Resident #5's March 2026 TAR (treatment administration record), was coded to indicate the TED hose were applied on 3/18/26 to Resident #5's BLEs. A review of Resident #5's comprehensive person-centered care plan disclosed a focus which read in part, .requires assistance with ADL's (activities of daily living).Related to.Edema. An intervention associated to the focus read in part, .TEDS as ordered. On 3/18/26 at 2:23 PM, the director of nursing (DON) was interviewed and agreed the TED hose should have been applied to Resident #5 as ordered by the provider. The DON agreed it should not have been documented on the TAR that the TED hose were applied if they were not and nursing should have verified the TED hose were applied. This concern was discussed at the end of day meeting on 3/18/26 at 4:30 PM with the administrator, director of nursing, nursing supervisor, nursing household supervisor, household coordinator, MDS coordinator, and assistant director of nursing. Requested and received a facility policy titled, Physician's Orders with a revision date of 8/7/25 which read in part, .Purpose.To ensure that all physician orders are carried out accurately.to promote optimal resident care and comply with regulatory standards.All licensed staff must follow physician orders as prescribed.3.Nursing staff must.Adhere to facility protocols and standards of care. No further information was provided prior to exit on 3/19/26. 2.For Resident #8 the facility staff failed to follow a medical provider orders to apply TubiGrips (a multi-purpose, elasticated tubular support bandage designed to provide consistent, even, and firm compression to the limbs to support injured tissues, reduce swelling (edema), and manage venous disorders) to the resident's BLE (bilateral lower extremities) on 3/18/26. Resident #8's diagnosis list indicated diagnoses, which included, but not limited to, acute on chronic congestive heart failure, idiopathic peripheral autonomic neuropathy, chronic pulmonary embolism, and atrial fibrillation. The most recent minimum data set (MDS) with an assessment reference date (ARD) of 2/11/26, assigned the resident a brief interview for mental status (BIMS) summary score of 13 out of 15 for cognitive abilities, indicating Resident #8 was cognitively intact. On 3/18/26 at 8:25 AM, Resident #8 was observed and interviewed. Bilateral TubiGrips were not visible to be on the resident's lower extremities. Certified nursing assistant #1 (CNA#1) was present in the resident's room and when asked if the resident wears TubiGrips, CNA#1 stated, No. A review of a medical provider orders with a start date of 11/19/25 read in part, .Tubi grips to bilateral lower extremity for prevention, apply in am (morning) and remove at HS (hour of sleep/bedtime). On 3/18/26 at 1:15 PM, Resident #8 was observed. Bilateral TubiGrips were not visible to be on the resident's lower extremities. A review of Resident #8's March 2026 TAR (treatment administration record), was coded to indicate the TubiGrips were applied on 3/18/26 to Resident #8's BLEs. A review of Resident #8's comprehensive person-centered care plan disclosed a focus which read in part, .requires assistance with ADL's (activities of daily living). An intervention (continued on next page)

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F 0684 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	associated to the focus read in part, .Tubi-grip.as ordered. On 3/18/26 at 4:12 PM, the director of nursing (DON) was interviewed and agreed the TubiGrips should have been applied to Resident #8 as ordered by the provider. This concern was discussed at the end of day meeting on 3/18/26 at 4:30 PM with the administrator, director of nursing, nursing supervisor, nursing household supervisor, household coordinator, MDS coordinator, and assistant director of nursing. Requested and received a facility policy titled, Physician's Orders with a revision date of 8/7/25 which read in part, .Purpose.To ensure that all physician orders are carried out accurately.to promote optimal resident care and comply with regulatory standards.All licensed staff must follow physician orders as prescribed.3.Nursing staff must.Adhere to facility protocols and standards of care. No further information was provided prior to exit on 3/19/26.