

Department of Health & Human Services
Centers for Medicare & Medicaid Services

Printed: 08/27/2026
Form Approved OMB
No. 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 495165	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 05/01/2026
NAME OF PROVIDER OR SUPPLIER Shenandoah Valley Westminster Canterbury		STREET ADDRESS, CITY, STATE, ZIP CODE 300 Westminster Canterbury Dr Winchester, VA 22603	
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 0727 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Many	Have a registered nurse on duty 8 hours a day; and select a registered nurse to be the director of nurses on a full time basis. Based on staff interview and facility document review, it was determined that the facility staff failed to ensure eight consecutive hours of RN (registered nurse) coverage for one of 46 days reviewed for nurse staffing. The findings include: The facility staff failed to ensure eight consecutive hours of RN coverage on 9/13/2025. Review of the PBJ (payroll-based journal) Staffing Data Report for Quarter three and Quarter four 2025 revealed concerns related to the facility's requirement to have a Registered Nurse on duty for at least 8 consecutive hours a day. The report documented no RN hours on multiple dates including 9/13/2025. On 4/29/2026 at approximately 8:17 AM during entrance conference, the Director of Nursing (DON) stated that the facility did not have any staffing waivers in place in the facility. On 4/29/2026 at approximately 4:30 PM, a request was made to the DON for evidence of RN coverage for all triggered dates on the PBJ reports including 9/13/2025. On 4/30/2026 at approximately 8:30 AM, the DON provided evidence of an RN on duty for 8-12 hours each day triggered on the PBJ reports except 9/13/2025. On 4/30/2026 at 10:25 AM, an interview was conducted with the DON who stated that they had managers on duty 9/13/2025 but did not have an RN that day. On 4/30/2026 at 1:10 PM, an interview was conducted with other staff member (OSM) #1, Staffing Coordinator. OSM #1 stated that they had full time and part time RN staff which they filled in the schedule with when the full-time staff were off. She stated that she always tried to make sure there was an RN scheduled on the healthcare unit each day. On 5/1/2026 at approximately 8:00 AM, the DON stated that the facility did not have a policy regarding RN coverage. On 4/30/2026 at 3:32 PM, the Administrator and DON were made aware of the concern. No further information was presented prior to exit.		

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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F 0887 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Many	Educate residents and staff on COVID-19 vaccination, offer the COVID-19 vaccine to eligible residents and staff after education, and properly document each resident and staff member's vaccination status. Based on staff interview, and facility document review, it was determined that the facility staff failed to maintain COVID-19 staff vaccination status. The findings include: During the facility task of Infection Prevention and review of facility documents, on 4/29/26, there was no evidence of maintenance of new hired staff COVID-19 vaccination status. On 4/30/26 at 11:00 AM an interview was conducted with the Infection Preventionist. Asked when she started in this role, she stated, two years ago in June of 2024. Asked to provide the evidence of maintenance of new hired staff COVID-19 vaccination status, the Infection Preventionist stated, Human Resources has been responsible for the screening of new hires, and they have not been screening them for the COVID-19 vaccination status. It may be asked but it is not followed up on and documentation is not maintained. As of today, Infection Prevention will be overseeing the new hired staff COVID-19 vaccination status. In my previous job, that was my responsibility. This is regulation 887 that we do not have the evidence. On 4/30/26 at 1:05 PM an interview was conducted with the director of Human Resources. Asked the process for hiring new staff, the director of Human Resources stated, Human Resources does not collect and maintain a staff list of COVID vaccination status. The new hires sign a consent to be tested for COVID and that they understand parameters of returning to work if they become ill with COVID. On 4/30/26 at 3:30 PM, the Administrator and the Director of Nursing were made aware of the findings. A review of the facility's Managing COVID-19 After the End of the Public Health Emergency policy revealed, The facility will provide education on the benefits of the COVID vaccination to staff and will encourage staff to obtain vaccinations. No further information was provided prior to exit.		

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F 0812 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Some	Procure food from sources approved or considered satisfactory and store, prepare, distribute and serve food in accordance with professional standards. **NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** Based on observations, staff interview, and facility document review, it was determined that the facility staff failed to maintain one of one kitchen and one of three nourishment areas in a sanitary manner. The findings include: On 4/29/26 at 8:35a.m., an observation was conducted in the kitchen with the following findings: in dry storage, one approximately 48oz bag of Sysco Fancy Pecan Pieces, inside a clear plastic bag without a label and date; one opened 5lb box of Pearl [NAME] Yellow Corn Meal, in the original box, without a label and date; one approximately 5lb box of Quaker Creamy Wheat labeled with the month and date but no year; one approximately 5lb box of Gold Medal Chocolate Fudge Cream Icing Mix opened and uncovered; and a food scooper left inside of a brown rice bin. The dietary manager stated he would speak with the stock person about labeling and dating. When asked about the food scooper the dietary manager stated, it should not be inside there. On 4/29/26 at approximately 2:00 p.m. an observation was conducted of the nourishment refrigerator on the Redbud Unit. There were multiple items inside the refrigerator undistinguishable between residents and staff because of not being labeled or dated. Items observed in the freezer: two [NAME] Daz's coffee ice cream 14fl oz, unopened without a label or date; one Trader Joe's chicken shawarma bowl 11.3 oz, unopened without a label or date; one [NAME] Giant rice veggie blend Asian stir fry 10oz, unopened without a label or date; one frozen veggies with noodles in a clear manufacturer's package, unopened without a label or a date. In the refrigerator: two restaurant styled plastic containers, closed without a label or date; one bowl of fruit in a medium-sized yellow bowl covered in plastic wrap without a label or date; five plastic grocery bags with items inside and four slices of bread inside a large zip-lock bag without a label or date. CNA (certified nurses' assistant) #1 accompanied the surveyor to the nourishment area. When asked if the food in the refrigerator belonged to staff, she stated yes, because the staff shared the refrigerator with the residents. On 4/29/26 at 3:20 p.m., an interview was conducted with the dining service manager. He stated that staff on Redbud Unit have a lounge with a refrigerator, but they also store their food in the resident's nourishment refrigerator. He stated staff do not label their food items placed in the nourishment refrigerator. When asked where is resident's food stored that is brought from the outside, he stated in the nourishment refrigerator. When asked who takes responsibility for the nourishment refrigerator, he states that dietary cannot take responsibility for food items however if he is personally given an item to store in the nourishment refrigerator, he would put the resident's name and date on the item and set a reminder to remove it from the nourishment refrigerator in three days if not eaten. A review of the facility's Food Storage policy, revised 5/3/23, revealed, Opened foods.cover, label and date; Dry bulk foods.store scoops in a separate holder. A review of Food from Outside policy, revised 5/31/18, revealed, the dining department is assigned responsibility for monitoring refrigeration units in food service areas and discarding outdated food every other day. On 4/30/26 at 3:30 p.m., the Administrator and Director of Nursing were made aware of the above findings.No further information was provided prior to exit.		