STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	495193	A. Building B. Wing	01/15/2026

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Henrico Health & Rehabilitation Center	561 North Airport Drive Highland Springs, VA 23075

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 0908 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Many	Keep all essential equipment working safely. Based on resident/staff interview, facility document review and clinical record review, it was determined that the facility staff failed to maintain all mechanical hot water heater in safe operating condition.The findings include: The facility staff failed to ensure hot water was available in the facility from 1/11/26 to 1/13/26.On 1/13/25 at 12:45 PM observation of the kitchen dish washing station was completed. Temperature observed initially on the dish washer on entry was 155 degrees. OSM (other staff member) #3, the dietary manager was present and restarted the load. Unable to reach 165 degrees despite multiple restarts and draining the dish machine. OSM #3 brought OSM #8 the maintenance tech into the dish wash area. OSM #8 stated the reason for the delay in reaching required temperature was due to the lack of hot water which fed the dish machine. OSM #8 stated, it is doubtful that the 165 degrees can be reached. Asked why there was a lack of hot water in the facility and when this began, OSM #8 stated, it started 1/11/26 during the night to early morning. The reason is that our gas supplier-AmeriGas, did not refill the tanks which feeds our water heater and then flows to the dish machine. When asked when this was to be corrected, OSM #8 stated, they are bringing a delivery today. After approximately 30 minutes of running the dish machine wash temperature reached 167 degrees and rinse temperature reached 183 degrees. Approximately 1:25 PM, OSM #3, the dietary manager was asked what would occur for the supper meal, OSM #3 stated, we will use disposable dishes until we can get hot water. On 1/14/26 at 10:15 AM, an interview was conducted with OSM #2, the maintenance director. Asked about the hot water and his response, OSM #2 stated, yes, I came in on Sunday 1/11/26 and checked the boiler room first. Everything was okay there but the gas feeding the water heater was low. We have a piece of equipment that notifies our company [gas supplier], AmeriGas, when it reaches 30% so they can come and refill it. I do not know why that did not happen. Asked if he called the gas company on Sunday for them to fill up the tanks, OSM #2 stated there is no emergency number and no way to contact them till Monday 1/12/26. I called them on Monday, there was an outstanding bill issue, and they had not received the electronic alarm notification that it was below 30%. We had a check cut, and they could not come out till yesterday 1/13/26. They are ordering the part for the electronic alarm notification and will put it on the tanks when it comes in. The lack of hot water was in resident areas, kitchen, laundry and public restrooms. On 1/14/26 at 3:30 PM ASM (administrator staff member) #1, the administrator, RN (registered nurse) #1, the director of nursing and ASM #3, the clinical compliance specialist/acting regional was informed of the above concerns.No policy was provided.No further information was provided 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

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	495193	A. Building B. Wing	01/15/2026

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Henrico Health & Rehabilitation Center	561 North Airport Drive Highland Springs, VA 23075

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 0921 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Many	Make sure that the nursing home area is safe, easy to use, clean and comfortable for residents, staff and the public. Based on resident/staff interview, facility document review and clinical record review, it was determined that the facility staff failed to maintain a safe, functional and comfortable environment in the facility.The findings include: The facility staff failed to ensure hot water in the facility from 1/11/26 to 1/13/26.On 1/13/26 during initial resident observations, multiple residents stated that there was no hot water in the facility. When hot water tap was turned on in resident rooms and public bathrooms, there was no hot water.On 1/13/26 at 11:05 AM, an interview was conducted with CNA (certified nursing assistant) #1. Asked when the facility lost hot water, CNA #1 stated, it was out last night and today. I heard it started earlier, but this is my first day back so I am not sure.On 1/14/26 at 10:15 AM, an interview was conducted with OSM #2, the maintenance director. Asked about the hot water and his response, OSM #2 stated, yes, I came in on Sunday 1/11/26 and checked the boiler room first. Everything was okay there but the gas feeding the water heater was low. We have a piece of equipment that notifies our company, AmeriGas, when it reaches 30% so they can come and refill it. I do not know why that did not happen. Asked if he called the gas company on Sunday for them to fill up the tanks, OSM #2 stated there is no emergency number and no way to contact them till Monday 1/12/26. I called them on Monday, there was an outstanding bill issue, and they had not received the electronic alarm notification that it was below 30%. We had a check cut, and they could not come out till yesterday 1/13/26. They are ordering the part for the electronic alarm notification and will put it on the tanks when it comes in. The lack of hot water was in resident areas, kitchen, laundry and public restrooms. On 1/14/26 at 3:30 PM ASM (administrator staff member) #1, the administrator, RN (registered nurse) #1, the director of nursing and ASM #3, the clinical compliance specialist/acting regional was informed of the above concerns.No policy was provided.No further information was provided prior to exit.

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	495193	A. Building B. Wing	01/15/2026

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Henrico Health & Rehabilitation Center	561 North Airport Drive Highland Springs, VA 23075

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 0803 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Some	Ensure menus must meet the nutritional needs of residents, be prepared in advance, be followed, be updated, be reviewed by dietician, and meet the needs of the resident. **NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** Based on observation, resident / staff interview, facility document review, and clinical record review, it was determined the facility staff failed to follow the menu as provided for one of 38 residents, R55. The findings include: The facility staff failed to follow the menu for R55. R55 was admitted to the facility on [DATE] with diagnosis that included but were not limited to COPD (chronic obstructive pulmonary disease), diabetes mellitus and CHF (congestive heart failure).The most recent MDS (minimum data set) assessment, an annual assessment, with an ARD (assessment reference date) of 12/13/25, coded the resident as scoring a 15 out of 15 on the BIMS (brief interview for mental status) score, indicating the resident was not cognitively impaired. A review of the MDS Section GG-functional abilities and goals coded the resident as being dependent for mobility/transfers/bathing/dressing and set-up for eating. Section L-oral/dental status-codes the resident as ?no missing teeth and edentulous-no'. A review of the comprehensive care plan dated 12/19/23 revealed, FOCUS: Resident is at risk for weight fluctuations, loss or malnutrition related to Respiratory Failure, CHF, Severe Morbid Obesity due to Excess Calories, high BMI, Lymphedema Refuses to be weighed. Requests large portion. INTERVENTIONS: Honor resident meal preference. An interview was conducted on 1/13/26 at approximately 11:20 AM. R55 stated, watch what we have for lunch. The menus are not followed and they do not cook a lot of the food, just sandwiches and hot dogs and they just throw the food on the plate. A review of the Resident Council Minutes revealed: 7/2/25 Food is not good and is coming to rooms cold, getting the same thing, menu not posted for supper. 9/24/25 Food is served cold, Residents have commented that their meals seem overly simplistic or ?kid friendly'. 10/23/25 Food cold, do not have proper utensils. 12/11/25 Food consistently cold. Menu posted and served to residents for 1/13/26 on the unit: lunch: tuna salad sandwich, chips, diced beets, fruit; supper: chicken salad sandwich, chips, fruit, ice cream. Menu posted and served to residents for 1/14/26 on the unit: lunch: hot dog, baked beans, coleslaw, ice cream; supper: spaghetti and meatballs, green beans, garlic bread and fruit cup. On 1/14/26 at 1:00 PM, Resident Council was held. Six residents present who attend regularly. Residents spent greater than 20 minutes discussing food: food is cold, cold meals (sandwiches), soup not offered, bread products are too hard and you cannot eat it, especially the English muffins. Other food such as chicken tenders are so hard you cannot bite into it. Of the six residents, two were edentulous and two were missing teeth. Residents stated they do not receive a knife to cut the food. On 1/15/26 at 7:15 AM, an interview was conducted with OSM #8, the cook. Asked about what Menu week we are on, OSM #8 stated, we are on Week 3. When shown the Week 3 Menu: 1/13/26 lunch: roasted pork loin, beets, mashed potatoes, cornbread, apple crisp; supper: grilled cheese, coleslaw, cream of tomato soup and fruit cup. 1/14/26 lunch: crispy chicken thigh, capri blend vegetable, white rice and peanut butter cookie and supper: Italian sausage on bun, baked beans, roasted seasoned potatoes, diced pears; asked why the menu was not followed, OSM #8 stated, it may have been that items did not come in on the truck. Asked when truck made deliveries, OSM #8 stated, on Tuesday. I am not sure of the ordering period if it is Friday-Tuesday and Tuesday-Friday. Asked if the menu had been followed, OSM #8 stated, no, it was not. On 1/15/26 at 1:30 PM ASM (administrator staff member) #1, the administrator, RN (registered nurse) #1, the director of nursing and ASM #3, the clinical compliance specialist/acting regional was informed of the above concerns. A review of the facility's Menus policy revealed, Menus are served as written, unless changed in response to preference, unavailability of an item, or a special meal. No further information was provided prior to exit.

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	495193	A. Building B. Wing	01/15/2026

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Henrico Health & Rehabilitation Center	561 North Airport Drive Highland Springs, VA 23075

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 0804 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Some	Ensure food and drink is palatable, attractive, and at a safe and appetizing temperature. **NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** Based on observation, resident interview, staff interview and clinical record review, it was determined that the facility staff failed to provide palatable food for one of 38 residents, Resident #55 (R55). The findings include: The facility staff failed to provide palatable food for R55. R55 was admitted to the facility on [DATE] with diagnosis that included but were not limited to COPD (chronic obstructive pulmonary disease), diabetes mellitus and CHF (congestive heart failure).The most recent MDS (minimum data set) assessment, an annual assessment, with an ARD (assessment reference date) of 12/13/25, coded the resident as scoring a 15 out of 15 on the BIMS (brief interview for mental status) score, indicating the resident was not cognitively impaired. A review of the MDS Section GG-functional abilities and goals coded the resident as being dependent for mobility/transfers/bathing/dressing and set-up for eating. Section L-oral/dental status-codes the resident as ?no missing teeth and edentulous-no'. A review of the comprehensive care plan dated 12/19/23 revealed, FOCUS: Resident is at risk for weight fluctuations, loss or malnutrition related to Respiratory Failure, CHF, Severe Morbid Obesity due to Excess Calories, high BMI, Lymphedema Refuses to be weighed. Requests large portion. INTERVENTIONS: Honor resident meal preference. A review of the Resident Council Minutes revealed: 7/2/25 Food is not good and is coming to rooms cold, getting the same thing, menu not posted for supper. 9/24/25 Food is served cold, Residents have commented that their meals seem overly simplistic or ?kid friendly'. 10/23/25 Food cold, do not have proper utensils. 12/11/25 Food consistently cold. An interview was conducted on 1/13/26 at approximately 11:20 AM. R55 stated, watch what we have for lunch. The food here is terrible, they do not cook a lot of the food, just sandwiches and hot dogs and they just throw the food on the plate. Observations on 1/14/26 at 8:40 AM of R55's breakfast tray revealed R55 had eaten two hard boiled eggs and was finishing his cereal. R55 stated, lift the cloche. Cloche lifted and two brown English muffins were on the plate. R55 stated, pick them up. I picked up English muffins; they were hard and unsplit. I asked R55 to hold breakfast tray and went to bring OSM (other staff member) #3, the dietary manager. OSM #3 came into R55's room with me and immediately stated, the reason he did not get scrambled eggs is because he wants hard boiled eggs. I stated, that is not why I ask you to come down here. Then asked OSM #3 to lift R55's cloche, she did and R55 stated, pick up the English muffin. OSM #3 stated, what about it? Asked if the English muffin was hard, OSM #3 stated in a loud voice, we give the residents what they want. It was not hard when it left the kitchen. I do not know how long it set undelivered on the nursing unit. I asked again if the English muffin was hard, OSM #3 stated, (in a louder voice) we make the English muffins the way the residents want them. R55 stated, it is too hard to eat. I cannot chew that, and I have my teeth. Why does the muffin not split open and toasted and then maybe some butter put on it. OSM #3 stated, you can split the muffin yourself, not everyone gets butter. OSM#3 was asked if residents who were edentulous or had missing teeth would be able to eat that English muffin, OSM #3 (loudly) stated, we are not talking about other residents, we are talking about this resident. I asked R55 how we could resolve this and he stated, toast would be fine, lightly toasted. Surveyor and OSM #3 left R55's room, ASM #2, the director of nursing and ASM #3, the clinical compliance specialist/acting regional, were outside in the hall.A test tray was done on 1/14/26 at 11:40 AM with OSM #3 and two surveyors. Menu for 1/14/26 lunch: hot dog- 107 degrees, baked beans-121 degrees, coleslaw-39 degrees, ice cream-27 degrees. Food was palatable but only warm in temperature. OSM #3 refused to test the tray with surveyors. Asked about the food temperatures, OSM #3 stated, it is hot when it leaves the kitchen, do not know how long it sits on the unit. OSM #3 was told the cart was just brought to the unit, with food being immediately served to residents. OSM #3 had no further comment. On 1/14/26 at 1:00 PM, Resident Council was held. Six residents present who attend regularly. Residents spent greater than 20 minutes discussing food: food is cold, cold meals (sandwiches), soup not offered, bread products are too hard and you cannot eat it, especially the (continued on next page)

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	495193	A. Building B. Wing	01/15/2026

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Henrico Health & Rehabilitation Center	561 North Airport Drive Highland Springs, VA 23075

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 0804 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Some	English muffins. Other food such as chicken tenders are so hard you cannot bite into it. Of the six residents, two were edentulous and two were missing teeth. Residents stated they do not receive a knife to cut the food. On 1/14/26 at 3:30 PM ASM (administrator staff member) #1, the administrator, RN (registered nurse) #1, the director of nursing and ASM #3, the clinical compliance specialist/acting regional was informed of the above concerns. No policy for palatable food was provided. No further information was provided prior to exit.

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	495193	A. Building B. Wing	01/15/2026

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Henrico Health & Rehabilitation Center	561 North Airport Drive Highland Springs, VA 23075

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 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. Based on observations, staff interview, and facility document review, it was determined that the facility staff failed to maintain the kitchen in a sanitary manner. The findings include: On 1/13/26 at 10:40 AM, an observation was conducted in the kitchen with the following findings: bottom oven with dried food spills, wet nesting of two loaf pans, in dry storage room-a 25-pound bag of sugar was in bin with trash (wrappers, papers etc.), in walk in refrigerator-a tray of tuna salad sandwiches made for lunch with parchment paper laid over the top and all four sides exposed to air/elements; the chest freezer with 5 gallon vanilla ice cream carton next to raw hamburger in plastic wrap. OSM (other staff member) #3, the dietary manager accompanied surveyor on kitchen tour. An interview was conducted with OSM #3, the dietary manager as the tour was being conducted, asked about the food spill in bottom oven, OSM #3 stated, we clean the oven every other day, that must have been from yesterday. Asked about the wet nesting, OSM #3 stated, it is better to stagger them so they dry thoroughly, I will tell them. Asked about the 25-pound bag of sugar in bin with trash, OSM #3 stated, we just got our order in and they were unloading the truck and put it in there. Asked if sugar should be in bin with trash, OSM #3 stated, no. Asked about tray of sandwiches not covered, OSM #3, stated, we prepped them for lunch, if they go to the unit, we wrap them (at 11:30 AM observed OSM #8, the cook putting aluminum foil around all sides of the sandwich tray). Asked about the raw meat in freezer next to the ice cream, OSM #3 stated, was trying to figure out if I could use that meat for something. I guess I will just throw it away. On 1/14/26 at 3:30 PM ASM (administrator staff member) #1, the administrator, RN (registered nurse) #1, the director of nursing and ASM #3, the clinical compliance specialist/acting regional was informed of the above concerns.A review of the facility's Food Storage-Dry Goods policy revealed, It is the center policy to insure all dry goods will be appropriately stored in accordance with guidelines of the FDA (Food Drug Administration) Food Code. The Dining Services Director or designee ensures that all packaged and canned food items shall be kept clean, dry and properly sealed.A review of the facility's Food Storage-Cold policy revealed, The Dining Services Director or designee ensures that all food items are stored properly in covered containers, labeled and dated and arranged in a manner to prevent cross contamination.A review of the facility's Food: Preparation policy revealed, The Dining Services Director or [NAME] is responsible to ensure that all utensils, food contact equipment and food contact surfaces are cleaned and sanitized after every use.No further information was provided prior to exit.

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	495193	A. Building B. Wing	01/15/2026

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Henrico Health & Rehabilitation Center	561 North Airport Drive Highland Springs, VA 23075

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 0814 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Some	Dispose of garbage and refuse properly. Based on observations, staff interview, and facility document review, it was determined that the facility staff failed to dispose of refuse properly. The facility staff failed to maintain a clean dumpster area during the facility task- kitchen observation 1/13/26 at 2:10 PM. The findings include: On 1/13/26 at 2:10 PM, an observation was conducted in the dumpster area outside of the kitchen, with OSM (other staff member) #3, the dietary manager. The dumpster had both top flaps pushed all the way back. On the left side of the dumpster on the ground there was black and white gloves and diced fruit/vegetables. An interview was conducted on 1/13/26 at 2:10 PM with OSM #3, the dietary manager. When asked about the findings, OSM #3 stated, they will come pick up the trash today and then the area is swept. When asked about the dumpster not being covered, OSM #3 stated, well they are bringing trash out all the time from the kitchen and the resident areas. It is hard to reach to close the flaps. On 1/14/26 at 3:30 PM ASM (administrator staff member) #1, the administrator, RN (registered nurse) #1, the director of nursing and ASM #3, the clinical compliance specialist/acting regional was informed of the above concerns.A review of the facility's Dispose of Garbage and Refuse policy revealed It is the center policy-all garbage and refuse will collect and disposed of in a safe and efficient manner. The Dining Services Director coordinates with the Director of Maintenance to ensure that the area surrounding the exterior dumpster area is maintained in a manner free of rubbish or other debris.No further information was provided prior to exit.

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	495193	A. Building B. Wing	01/15/2026

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Henrico Health & Rehabilitation Center	561 North Airport Drive Highland Springs, VA 23075

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 0849 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Some	Arrange for the provision of hospice services or assist the resident in transferring to a facility that will arrange for the provision of hospice services. **NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** Based on staff interview, facility document review and clinical record review, the facility staff failed to provide hospice visits and required documentation per the plan of care for one of thirty-eight residents in the survey sample (Resident #74).The findings include:Resident #74's hospice failed to provide services and documentation as required in the plan of care.Resident #74 (R74) was admitted to the facility with diagnoses that included atherosclerosis, diabetes, lung cancer, adult failure to thrive, protein-calorie malnutrition, chronic kidney disease, major depressive disorder, dementia, psychotic disturbance, mood disturbance, anxiety, and insomnia. The minimum data set (MDS) dated [DATE] assessed R74 with severely impaired cognitive skills.R74's clinical record documented a physician's order for hospice services dated 4/26/24. R74's plan of care (revised 11/5/25) documented the resident received hospice services due to a cancer diagnosis. The plan of care interventions to provide comfort and end of life needs included, Follow Hospice orders .Refer to hospice as needed .See hospice plan of care . The plan of care included the contracted hospice service contact information.R74's hospice plan of care (updated 7/27/24) included problems, goals and interventions to address altered mental status, pain/comfort, spiritual needs, safety, neurological status, cardiovascular concerns and listed equipment needed/provided. The hospice plan of care documented services/needs were met with the following visits: skilled nurse visit once per week and 3 additional visits per week as needed; hospice aide visits twice per week; social worker visit once per month; and chaplain visit once per month with 3 additional visits per month as needed.Review of R74's clinical record revealed hospice orders were included in the resident's care and were implemented as ordered. R74's clinical record revealed no documentation of any visits by a hospice nurse, hospice aide, hospice social worker or the hospice chaplain as listed in the plan of care.On 1/14/26 at 1:16 p.m., the licensed practical nurse unit manager (LPN #2) caring for R74 was interviewed about hospice services for R74. LPN #2 stated R74 had hospice orders and a hospice plan of care. LPN #2 stated hospice nurses/aides usually left notes in a designated book at the desk after their visits. LPN #2 looked at the nursing desk and found no designated book for R74's hospice provider. LPN #2 stated nurses called the hospice as needed and that orders were entered as provided. LPN #2 stated she had no notes from nurse or aide visits from R74's hospice provider. LPN #2 stated hospice nurses come when we call them but she did not recall routine visits. LPN #2 stated she had not seen hospice aides in the facility from this hospice service. LPN #2 stated, I can't say that a CNA [certified nurse's aide] has come. On 1/14/26 at 3:08 p.m., the director of nursing (DON) was interviewed about any record of visits by R74's hospice service. The DON stated she did not find any hospice notes in R74's clinical record. The DON checked with medical records and stated no visit notes for R74 had been provided by the hospice agency.On 1/15/26 at 8:15 a.m., the DON stated, upon request, R74's hospice provider had sent copies of visit notes since 2024. Documentation from R74's hospice since 11/1/25 listed two nurse practitioner visits, one skilled nurse visit, two hospice aide visits; no social worker visits and no chaplain visits.The hospice contract with R74's hospice provider was reviewed. The inpatient services agreement was dated 7/7/25, had an effective date of 7/15/25 and documented on page 12, .The Hospice agrees to provide services to hospice patients according to a Hospice Plan of Care .If the Hospice Plan of Care calls for nursing, home health care aide, social work, counseling, trained volunteers, spiritual counseling, physician, or other services related to the management of the terminal illness, the Hospice shall provide such services . Page 13 of this agreement documented, .All members of the Hospice IDG [interdisciplinary group] will document their care and services provided at each visit to the hospice patient. Documentation is placed in the Nursing Facility's patient chart; a copy shall be maintained in the Hospice medical record. The Hospice Medical Director and Hospice IDG reviews the Hospice Plan of Care at the IDG meetings and approves the Hospice Plan of Care (continued on next page)

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	495193	A. Building B. Wing	01/15/2026

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Henrico Health & Rehabilitation Center	561 North Airport Drive Highland Springs, VA 23075

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 0849 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Some	through their signatures .This finding was reviewed with the administrator, DON and regional nurse consultant on 1/14/26 at 3:30 p.m. and on 1/15/26 at 10:15 a.m. with no further information presented prior to the end of the survey.

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	495193	A. Building B. Wing	01/15/2026

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Henrico Health & Rehabilitation Center	561 North Airport Drive Highland Springs, VA 23075

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 0550 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Honor the resident's right to a dignified existence, self-determination, communication, and to exercise his or her rights. **NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** Based on observations, staff /resident interviews facility document review and clinical record review, it was determined the facility staff failed to promote dignity and respect for one of 38 residents, Resident #55 (R55). The findings include: The facility staff failed to promote dignity and respect for R55. R55 was admitted to the facility on [DATE] with diagnosis that included but were not limited to COPD (chronic obstructive pulmonary disease), diabetes mellitus and CHF (congestive heart failure).The most recent MDS (minimum data set) assessment, an annual assessment, with an ARD (assessment reference date) of 12/13/25, coded the resident as scoring a 15 out of 15 on the BIMS (brief interview for mental status) score, indicating the resident was not cognitively impaired. A review of the MDS Section GG-functional abilities and goals coded the resident as being dependent for mobility/transfers/bathing/dressing and set-up for eating. Section L-oral/dental status-codes the resident as ?no missing teeth and edentulous-no'. A review of the comprehensive care plan dated 12/19/23 revealed, FOCUS: Resident is at risk for weight fluctuations, loss or malnutrition related to Respiratory Failure, CHF, Severe Morbid Obesity due to Excess Calories, high BMI, Lymphedema Refuses to be weighed. Requests large portion. INTERVENTIONS: Honor resident meal preference.Observations on 1/14/26 at 8:40 AM of R55's breakfast tray revealed R55 had eaten two hard boiled eggs and was finishing his cereal. R55 stated, lift the cloche. Cloche lifted and two brown English muffins were on the plate. R55 stated, pick them up. I picked up English muffins; they were hard and unsplit. I asked R55 to hold breakfast tray and went to bring OSM (other staff member) #3, the dietary manager. OSM #3 came into R55's room with me and immediately stated, the reason he did not get scrambled eggs is because he wants hard boiled eggs. I stated, that is not why I ask you to come down here. Then asked OSM #3 to lift R55's cloche, she did and R55 stated, pick up the English muffin. OSM #3 stated, what about it? Asked if the English muffin was hard, OSM #3 stated in a loud voice, we give the residents what they want. It was not hard when it left the kitchen. I do not know how long it set undelivered on the nursing unit. I asked again if the English muffin was hard, OSM #3 stated, (in a louder voice) we make the English muffins the way the residents want them. R55 stated, it is too hard to eat. I cannot chew that, and I have my teeth. Why does the muffin not split open and toasted and then maybe some butter put on it. OSM #3 stated, you can split the muffin yourself, not everyone gets butter. OSM#3 was asked if residents who were edentulous or had missing teeth would be able to eat that English muffin, OSM #3 (loudly) stated, we are not talking about other residents, we are talking about this resident. I asked R55 how we could resolve this and he stated, toast would be fine, lightly toasted. Surveyor and OSM #3 left R55's room, ASM #2, the director of nursing and ASM #3, the clinical compliance specialist/acting regional, were outside in the hall.On 1/14/26 at 10:30 AM, surveyor returned to R55's room. R55 stated, they were able to find you. I stated, no, I was returning to his room to follow up regarding meal. R55 stated, what happened before was b--- s---. She tried to intimidate you and tried to intimidate me. She was so defensive and came into the room that way, talking about the eggs before you could even say anything. R55 was asked if he felt respected and treated with dignity during the interaction with OSM #3, R55 stated, no, I was not shown respect. That was not right for her to talk that way.When relaying this information to ASM #3 during end of day, ASM #3 stated, you looked shocked when you came out of the room and if I had heard OSM #3 talking like that, I would have intervened. That was not respectful.On 1/14/26 at 3:30 PM ASM (administrator staff member) #1, the administrator, RN (registered nurse) #1, the director of nursing and ASM #3, the clinical compliance specialist/acting regional was informed of the above concerns.A review of the facility's Resident's Rights Annual Review policy revealed, To be free from verbal abuse. To be treated with consideration, respect and full recognition of his/her dignity and individuality.No further information was provided prior to exit.

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	495193	A. Building B. Wing	01/15/2026

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Henrico Health & Rehabilitation Center	561 North Airport Drive Highland Springs, VA 23075

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 0584 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Honor the resident's right to a safe, clean, comfortable and homelike environment, including but not limited to receiving treatment and supports for daily living safely. **NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** Based on observation, resident interview, staff interview and clinical record review, the facility staff failed to provide a comfortable, homelike room environment for one of thirty-eight residents in the survey sample (Resident #26).The findings include:The heat unit in Resident #26's room had not been functioning properly for several weeks.Resident #26 (R26) was admitted to the facility with diagnoses that included dysarthria, lymphoma, diabetes, major depressive disorder, hypertension, hyperlipidemia and cerebral infarction. The minimum data set (MDS) dated [DATE] assessed R26 as cognitively intact.On 1/13/26 at 10:47 a.m., R26 was interviewed about quality of care/life in the facility. R26 stated during this interview that the heat unit in his room was not working properly and had been dysfunctional for the last several weeks. R26 stated the unit ran but then went to blowing cold air. R26 stated at times the room temperature was cool because the heat did not stay on. The heat unit was turned off at the time of the interview. The room temperature did not feel noticeably cool/cold. R26 turned on the heat using the wall thermostat and the unit fan began running. The unit ran for approximately two minutes with cool air felt blowing from the unit. R26 turned off the unit after a couple of minutes and stated that the unit just blew cold air. R26 stated he had previously reported the dysfunctional heat unit to nursing several times and was told they would make a note of it. R26 stated maintenance had not worked on the unit and he did not recall the names of those he told about the heat unit.On 1/13/26 at 4:18 p.m. the administrator was interviewed about R26's room heat. The administrator stated she was not aware of the problem with R26's heat unit.On 1/14/26 at 8:02 a.m., the maintenance director (other staff #2) was observed working on R26's heat unit. The maintenance director was interviewed at this time about the unit. The maintenance director stated he was asked yesterday (1/13/26) to check the unit. The maintenance director stated he reset the unit yesterday (1/13/26) and the heat kicked in. The maintenance director stated the unit did not stay functioning and was not producing heat this morning (1/14/26). The maintenance director stated he was not sure what was wrong with the unit. The maintenance director stated he was not aware the unit was not working properly until 1/13/26. The maintenance director stated he had received no verbal reports or work orders for the heat unit prior to 1/13/26. The maintenance director stated the heat units in the facility were old and they were in the process of replacing the units throughout the facility. On 1/14/26 at 9:59 a.m., the licensed practical nurse unit manager (LPN #2) caring for R26 was interviewed. LPN #2 stated nobody had reported to her any problem with R26's heat unit. LPN #2 stated if she was aware the unit was not working properly, she would have reported it to maintenance.On 1/14/26 at 10:12 a.m., registered nurse (RN #2), assigned to management rounding that included R26's room, was interviewed. RN #2 stated she had performed daily rounds in R26's room for the last month. RN #2 stated she never noticed the room as cold and that R26 never mentioned to her any problems with the heat. RN #2 stated if she had known of a heat problem, she would have reported it to maintenance.This finding was reviewed with the administrator and director of nursing during a meeting on 1/14/26 at 3:30 p.m. with no further information presented prior to the end of the survey.

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	495193	A. Building B. Wing	01/15/2026

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Henrico Health & Rehabilitation Center	561 North Airport Drive Highland Springs, VA 23075

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 0689 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Ensure that a nursing home area is free from accident hazards and provides adequate supervision to prevent accidents. **NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** Based on observation, resident interview, staff interview and clinical record review, the facility staff failed to maintain a safe room environment for one of thirty-eight residents in the survey sample (Resident #26).The findings include:A portable electric heater was in use in Resident #26's room.Resident #26 (R26) was admitted to the facility with diagnoses that included dysarthria, lymphoma, diabetes, major depressive disorder, hypertension, hyperlipidemia and cerebral infarction. The minimum data set (MDS) dated [DATE] assessed R26 as cognitively intact.On 1/13/26 at 10:47 a.m., R26 was interviewed about quality of care/life in the facility. R26 stated during this interview that the heat unit in his room was not working properly and had been dysfunctional for the last several weeks. R26 stated the unit ran but then went to blowing cold air. R26 stated at times the room temperature was cool because the heat did not stay on. R26 stated he had reported the dysfunctional heat unit to nursing several times and was told they would make a note of it. R26 stated maintenance had not worked on the unit and he did not recall the names of those he told about the heat. R26 stated he was using an electric heater when the room got cool. A small electric heater was observed at this time on the floor beside the resident's bed. The unit was running with a small amount of warm air blowing from the unit. R26 stated he did not think that staff knew he was running the heater. R26 stated he purchased the unit from Amazon about a year ago and that staff had informed him not to use the heater because it was some kind of safety issue. R26 stated he had used the heater in the last several weeks when the room felt cool. R26 stated he was aware that the electric heater was not allowed. R26 stated again he did not think staff were aware he was running the heater.Review of R26's clinical record revealed no documentation of reported issues with the room heat during the last several weeks.The survey team contacted the state agency supervisor about the observed heater who then notified state life safety code officials. On 1/13/26 at 1:00 p.m., a life safety code surveyor came to the facility, removed the heater from R26's room and reported the issue to the maintenance director.On 1/13/26 at 4:18 p.m., the administrator was interviewed about R26's room heat. The administrator stated she was not aware of the problem with R26's heat unit or that the resident had been using an electric heater.On 1/14/26 at 8:02 a.m., the maintenance director (other staff #2) was observed working on R26's heat unit. The maintenance director stated he was not aware the unit was not working properly until 1/13/26. The maintenance director stated he had received no verbal reports or work orders for the heat unit prior to 1/13/26. The maintenance director stated space heaters were not allowed in resident areas and that he was not aware that R26 had purchased or was running the electric heater until notification on 1/13/26.On 1/14/26 at 9:59 a.m., the licensed practical nurse unit manager (LPN #2) caring for R26 was interviewed. LPN #2 stated nobody reported to her any problem with R26's heat. LPN #2 stated if she was aware the unit was not working properly, she would have reported it to maintenance. LPN #2 stated she was not aware R26 was running an electric heater in his room.On 1/14/26 at 10:12 a.m., registered nurse (RN #2), assigned to management rounding that included R26's room, was interviewed. RN #2 stated she had performed daily rounds in R26's room for the last month. RN #2 stated her rounds included observing the resident's room and talking with the resident about any issues/concerns. RN #2 stated she had not seen the electric heater in the R26's room and that the resident had not mentioned a heat issue. RN #2 stated if she had known of a heat problem, she would have reported it to maintenance.On 1/14/26 at 1:05 p.m., the certified nurse's aide (CNA #2) that routinely cared for R26 was interviewed. CNA #2 stated she had not seen an electric heater in R26's room and was not aware of a heat issue. CNA #2 stated R26 was independent with most activities of daily living. CNA #2 stated she provided a water basin and linens for the resident daily and that the resident performed his own bathing and hygiene. CNA #2 stated she had not noticed the room as cool or cold and again stated she had not seen the electric heater when in the resident's (continued on next page)

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	495193	A. Building B. Wing	01/15/2026

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Henrico Health & Rehabilitation Center	561 North Airport Drive Highland Springs, VA 23075

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 0689 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	room.On 1/14/26 at 1:12 p.m., LPN #3 caring for R26 was interviewed. LPN #3 stated she had not cared for R26 until today. LPN #3 stated she had never seen electric heaters in use in any resident rooms.On 1/14/26 at 2:39 p.m., the maintenance director (other staff #2) was interviewed again about the electric heater observed in R26's room. The maintenance director stated he did not know about the heater until yesterday (1/13/26). The maintenance director stated that space heaters were not allowed in resident use areas. The maintenance director stated that life safety code regulations prohibited the use of space heaters in resident living/use areas.This finding was reviewed with the administrator, director of nursing and regional nurse consultant on 1/14/26 at 3:30 p.m. with no further information presented prior to the end of the survey.

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	495193	A. Building B. Wing	01/15/2026

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Henrico Health & Rehabilitation Center	561 North Airport Drive Highland Springs, VA 23075

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 0695 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Provide safe and appropriate respiratory care for a resident when needed. **NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** Based on observations, staff /resident interviews facility document review and clinical record review, it was determined the facility staff failed to provide respiratory care services for one of 38 residents, Resident #109 (R109). The findings include: The facility staff failed to provide respiratory therapy per physician orders for R109. R109 was admitted to the facility on [DATE] with diagnosis that included but were not limited to chronic respiratory failure, atrial fibrillation and CHF (congestive heart failure).The most recent MDS (minimum data set) assessment, an annual assessment, with an ARD (assessment reference date) of 1/1/26, coded the resident as scoring an 11 out of 15 on the BIMS (brief interview for mental status) score, indicating the resident was moderately cognitively impaired. A review of the MDS Section GG-functional abilities and goals coded the resident as requiring moderate assistance for mobility/transfers/bathing/dressing and set-up for eating. A review of the comprehensive care plan dated 12/24/25 revealed, FOCUS: RESPIRATORY: the resident is at risk for respiratory complications secondary to COPD, respiratory failure, supplementary oxygen requirement and history of Pneumonia., congestion. INTERVENTIONS: administer oxygen as ordered. Observations on 1/13/26 at 11:51 AM, 1/13/26 at 3:45 PM and 1/14/26 at 7:10 AM indicated the oxygen was set at 3 liters per minute. A review of the physician orders dated 1/12/26 revealed, Oxygen Therapy - Oxygen at (2) liters per minute via nasal cannula. A review of the January TAR (treatment administration record) revealed, Oxygen at 2 liters per minute initialed for 1/13/26 day, evening and night shift. A review of the progress note dated 1/14/26 at 1:13 PM revealed, Resident has an O2 order for 2L/m nasal cannula. However, resident's 02 was changed by family member to 3L/m. Family member was informed of the doctor's order and the O2 was changed to the correct order 2L/m. Resident currently HAS AN O2 reading of 97% via nasal cannula. An interview was conducted on 1/14/26 at 8:30 AM with RN (registered nurse) #3. Asked to observe R109's oxygen level, RN #3 stated, it is at 3lnc. I will check the orders. It is ordered for 2lnc. I will change it now. On 1/14/26 at 3:30 PM ASM (administrator staff member) #1, the administrator, RN (registered nurse) #1, the director of nursing and ASM #3, the clinical compliance specialist/acting regional was informed of the above concerns.A review of the facility's Respiratory Care & Oxygen Equipment policy revealed Oxygen therapy will be administered per provider's order. No further information was provided prior to exit.

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	495193	A. Building B. Wing	01/15/2026

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Henrico Health & Rehabilitation Center	561 North Airport Drive Highland Springs, VA 23075

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 0756 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Ensure a licensed pharmacist perform a monthly drug regimen review, including the medical chart, following irregularity reporting guidelines in developed policies and procedures. **NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** Based on staff interview, facility document review and clinical record review, the facility staff failed to document a clinical rationale for denial of a recommended dose reduction for one of thirty-eight residents in the survey sample (Resident #74).The findings include: Resident #74's physician failed to document a clinical rationale for a denied dose reduction of a psychoactive medication.Resident #74 (R74) was admitted to the facility with diagnoses that included atherosclerosis, diabetes, lung cancer, adult failure to thrive, protein-calorie malnutrition, chronic kidney disease, major depressive disorder, dementia, psychotic disturbance, mood disturbance, anxiety, and insomnia. The minimum data set (MDS) dated [DATE] assessed R74 with severely impaired cognitive skills.R74's clinical record documented a physician's order dated 4/9/25 for the antidepressant trazodone 50 milligrams (mg) given at each bedtime for treatment of insomnia. R74's medication administration record documented trazodone was administered at 9:00 p.m. each evening as ordered.R74's clinical record included a Consultant Pharmacist Recommendation to Physician form dated 10/25/25. The recommendation documented was, .Federal guidelines state antidepressant drugs should have an attempt at a gradual dose reduction (GDR) twice per year for the first year in 2 different quarters with 1 month between attempts, then annually thereafter .This resident has been taking TRAZODONE 50 MG Q HS [at bedtime] since 4/9/25 without a GDR. Could we attempt a dose reduction at this time to verify this resident is on the lowest possible dose? If not, please indicate response below .The physician responded to the pharmacy recommendation on 11/10/25 and indicated to continue the trazodone 50 mg and listed no reasons why the dose reduction was contraindicated at this time. A physician progress note dated 11/10/25 listed a review of the resident regarding a possible dose reduction for the trazodone. This note documented, .d/w [discussed with] nurse .her seroquel was recently stopped .she needs trazodone .its a low dose anyway .will continue to monitor at present dose . The note listed no clinical contraindication regarding the recommended dose reduction.On 1/14/26 at 2:48 p.m., the licensed practical nurse unit manager (LPN #2) caring for R74 was interviewed about the pharmacy recommendation. LPN #2 stated the physician did not document why he did not approve the dose reduction on the pharmacy recommendation form. LPN #2 reviewed the clinical record and stated the physician documented a progress note on 11/10/25 recommending to continue the 50 mg dose.On 1/14/26 at 3:03 p.m., the director of nursing (DON) was interviewed about a rationale regarding R74's recommended dose reductions. The DON stated the physician was supposed to respond to the recommended dose reduction and indicate on the form the reason or contraindications if the dose reduction was denied. The DON presented no other information about the rationale for not attempting the dose reduction.The facility's policy titled Medication Management (effective 08-2020) documented, .In order to optimize the therapeutic benefit of medication therapy and minimize or prevent potential adverse consequences, facility, the attending physician/prescriber, and the consultant pharmacist perform ongoing monitoring for appropriate, effective, and safe medication use . This policy documented regarding psychopharmacologic medications, .The GDR is considered clinically contraindicated if .Target symptoms returned or worsened after the most recent attempt at a GDR and the physician documents the clinical rationale for why any additional attempted dose reductions would likely impair the resident's function, increase distressed behavior, or cause psychiatric instability by exacerbating an underlying medical or psychiatric disorder, OR .The continued use is in accordance with relevant current standards of practice and the physician document the clinical rationale for why any additional attempted dose reductions would likely impair the resident's function, increase distressed behavior, or cause psychiatric instability by exacerbating and underlying medical or psychiatric disorder . (sic)This finding was reviewed with the administrator and DON on 1/24/26 at 3:30 p.m. with no further information provided prior to the end of the survey.

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	495193	A. Building B. Wing	01/15/2026

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Henrico Health & Rehabilitation Center	561 North Airport Drive Highland Springs, VA 23075

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 0761 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Ensure drugs and biologicals used in the facility are labeled in accordance with currently accepted professional principles; and all drugs and biologicals must be stored in locked compartments, separately locked, compartments for controlled drugs. **NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** Based on observation and facility document review, the facility staff failed to ensure medications used in the facility were within expiration date for 1 of 2 medication storage rooms (South Unit).Findings include:The facility staff failed to ensure two medications were within expiration date in the medication room on the South Unit.On [DATE], an inspection of the Medication Room on South Unit was completed with LPN#1 revealing one bottle of Geri Dryl Allergy Relief Liquid with expiration date 4/2025 and one tube of Venelex Wound Dressing (a combination of [NAME] and castor oil used to treat wounds) with an expiration date 2/2025. When LPN#1 was given the 2 medications with expired dates, she stated these need to be discarded as they are expired.Review of the facility policy# 4.1, entitled Storage of Medications 8. Outdated, contaminated, or deteriorated medications and those in containers that are cracked, soiled, or without secure closures are immediately removed from inventory, disposed of according to procedures for medication disposal.On [DATE], at the end of day, the Administrator (ADM#1) and Director of Nursing (RN#1) were made aware of the concerns, and no further information was provided.