

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  495235	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED  11/14/2025
NAME OF PROVIDER OR SUPPLIER  Williamsburg Post Acute & Rehabilitation		STREET ADDRESS, CITY, STATE, ZIP CODE  1235 S Mount Vernon Avenue Williamsburg, VA 23185	

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)
<p>F 0580</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Immediately tell the resident, the resident's doctor, and a family member of situations (injury/decline/room, etc.) that affect the resident.</p> <p><b>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY**</b> Based on observation, interview, clinical record review, and facility documentation, the facility staff failed to notify the physician and resident representative of changes in the residents' condition for 2 of 3 (Residents #1 and # 2) residents in a survey sample of 3 Residents. The findings included: 1. For Resident #1 the facility staff failed to notify the physician of changes in condition, and availability of medications.</p> <p>Resident #1 was admitted to the facility on [DATE] with diagnoses that included but not limited to hemiplegia and hemiparesis following cerebral infarction (stroke), heart failure, atrial fibrillation, dysphagia, hypertension, pneumonia, history of repeated falls, major depressive disorder, and insomnia. Resident #1's most recent BIMS (Brief Interview of Mental Status) scored the Resident 15 out of a possible 15, indicating no cognitive impairment. Resident #1 is wheelchair dependent and has left sided paralysis due to the history of 2 CVA's (strokes), the most recent being in October of 2025.</p> <p>A review of the clinical record revealed that Resident #1 had orders for dexamethasone that read</p> <p>Dexamethasone 6 mg give one tablet every one tablet by mouth one time per day for prn [pneumonia].</p> <p>A review of the progress notes revealed that on 8/23/25 dexamethasone was documented med on way from pharmacy.</p> <p>On 9/4/25, 9/5/25, 9/6/25, 9/12/25, and 9/13/25 the progress notes documented dexamethasone oral tablet 6 mg pending pharmacy delivery.</p> <p>On 11/12/25 at approximately 1:45 pm an interview was conducted with LPN 2 who stated If a medication is unavailable the nurse should first check the Omnicell then, notify the pharmacy, to see if it will be on the next run, notify the physician and notify the family if the med will be late or if they need to substitute the medication for something else until the medication arrives.</p> <p>A review of the Policy entitled Unavailable Medications revealed the following:</p> <p>Page 105 of 223; Paragraph 3</p> <p>The nursing staff shall:</p> <p>(continued on next page)</p>

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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<p>F 0580</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>1. Notify the attending physician (or on-call physician when applicable) of the situation and explain the circumstances, expected availability, and alternative therapy (ies) if available. If the facility nurse is unable to obtain a response from the attending physician or on-call physician, the nurse should notify the nursing supervisor and contact the Facility Medical Director for orders and/or directions.</p> <p>On 11/13/25 during the end of day meeting the Administrator and the DON were made aware and no further information was provided.</p> <p>2. For Resident #2, the facility staff failed to notify the physician or nurse practitioner of low blood pressure readings and low pulse rates on 10/20/25.</p> <p>Resident #2 was admitted to the facility on [DATE] with diagnoses including but not limited to chronic obstructive pulmonary disease with exacerbation, type 2 diabetes mellitus, history of pulmonary embolism, obstructive sleep apnea, iron deficiency anemia secondary to blood loss, chronic kidney disease, stage 3, hypertension, vascular dementia without behavioral disturbance, psychotic disturbance, mood disturbance, anxiety, hypokalemia, post-traumatic stress disorder, major depressive disorder, interstitial pulmonary disease, morbid obesity, acute and chronic respiratory failure, with hypoxia, pneumonia and acute on chronic diastolic (congestive) heart failure and fibromyalgia.</p> <p>Resident #2's most recent MDS (Minimum Data Set) Quarterly Assessment with an ARD (Assessment Reference Date) of 10/4/25 coded the resident as having a BIMS (Brief Interview of Mental Status) score of 14 out of a possible 15 indicating her cognition is intact.</p> <p>Per clinical record review on 11/13/25:</p> <p>A nurse's note dated 10/20/2025 08:55 addressed Ipratropium Bromide Inhalation Solution 0.02 % 1 dose inhale orally three times a day for wheezing was administered as Resident #2 had complained of shortness of breath (SOB). Resident states her nurses yesterday refused to give her breathing treatments and some said she was out. Brought box to residents to show, it is not a new box, it is half used. And it has her name on it. Resident also states she was not given her sleep medication or anxiety medication, resulting in her being up all night not able to sleep. Gave resident all her normal morning medicine and included as needed (PRN) medication for anxiety. Assessment: Before breathing treatment 90 %, during breathing treatment, 92 %, after breathing treatment. And after morning medication 94 %, shortness of breath (SOB) is better. And further review of the nurse's note for 10/20/25 at 10:48AM Resident #2 complained that her shortness of breath (SOB) had returned after the breathing treatment ended and the resident was assessed and vital signs obtained &amp;ndash; Blood pressure taken by 2 different machines, and manually. Pulse ox and pulse taken by 2 different machines. Pulse taken manually. B/P 78/44, 84/40, 90/64; pulse 46, 52, 55.</p> <p>No evidence that the physician or nurse practitioner were notified of Resident #2's low blood pressure and pulse rates being low or that the resident had complained she was still short of breath after the breathing treatment.</p> <p>(continued on next page)</p>		

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<p>F 0580</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>On 11/13/25 at 11:15AM, an interview was conducted with the Interim Director of Nursing (Employee #3) on the low blood pressure and low pulse rate for Resident #2 that were documented in the nurses notes on 10/20/25 and she replied, I was not aware of those low vital signs for her. According to the Interim Director of Nursing she said her expectations would be that the nurse would notify the doctor or the nurse practitioner when a resident's vital signs are abnormal and to notify them when medications are not available to be given at the prescribed time and to document the notification.</p> <p>On 11/12/25 a review of Resident #2's Physician Order Summary was completed which revealed that the resident had orders for Dapagliflozin (a prescription medication used to treat adults with type 2 diabetes, heart failure and chronic kidney disease), Incruse Ellipta ( a prescription maintenance medication used to treat chronic obstructive pulmonary disease in adults), Buspar (an anti-anxiety medication used to treat symptoms of anxiety) and Ipratropium (a prescription medication used to relax the muscles around the airways which opens them up and makes breathing easier). Further record review of Resident #2's July, August, September and October Medication Administration Records and progress notes were coded as 9 which means see nurses notes and nurses notes revealed medication not available, on order, awaiting delivery or insurance company won't distribute until next Monday (a week away)</p> <p>According to the clinical record Medication Administration Record and progress notes:</p> <p>7/30/25 at 9:00AM Dapagliflozin Propanediol Oral Tablet 10 MG, give 1 tablet by mouth one time a day for DM 2 and the Medication Administration Record was coded as 9 which means to see nurses notes and per nurse's notes nurse documented Not available on reorder.</p> <p>7/30/25 at 9:00AM Incruse Ellipta 62.5 MCG/ACT Aerosol Powder, breath activated, give 1 puff by mouth one time a day related to chronic obstructive pulmonary disease with exacerbation was coded as 9 which means to see nurses notes and per the nurses notes the nurse documented on order.</p> <p>8/13/25 at 9:00AM Incruse Ellipta 62.5 MCG/ACT Aerosol Powder, breath activated, give 1 puff by mouth one time a day related to chronic obstructive pulmonary disease with exacerbation was coded as a 9 which means to see nurses notes and per nurses notes the nurse documented on order.</p> <p>9/27/25 and 9/29/25 at 9:00AM Incruse Ellipta 62.5 MCG/ACT Aerosol Powder, breath activated Give 1 puff by mouth one time a day related to chronic obstructive pulmonary disease with exacerbation was coded as a 9 which means to see nurses notes and per the nurses notes the nurse documented med on order.</p> <p>10/1/25 at 9:00AM Incruse Ellipta 62.5 MCG/ACT Aerosol Powder, breath activated Give 1 puff by mouth one time a day related to chronic obstructive pulmonary disease with exacerbation was coded as a 9 which means to see nurses notes and per the nurses notes the nurse documented available this nurse called pharmacy, pharmacy stated that insurance won't distribute until next Monday</p> <p>10/1/25 at 9:00AM Buspar Oral Tablet 10 MG give 1 tablet by mouth three times a day for depression was coded as a 9 which means to see nurses notes and per the nurses notes the nurse documented med on order</p> <p>(continued on next page)</p>		

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<p>F 0580</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>On 11/13/25 at 10:07AM, an interview was conducted with LPN #2 on what she would do if a medication was not available in the medication cart for the resident and she replied, I would check my cart in the overstock medication drawer and if not there I would check in the Omnicell (an on-site machine used in long term facilities to store and manage medication accessibility), if still not there I would call the pharmacy and ask them if the med was enroute and when it would arrive, if none of that can get the med here timely then I would call the nurse practitioner or doctor to see if they have other orders</p> <p>On 11/13/25 at 10:34AM, an interview was conducted with the Interim Director of Nursing (Employee #3) and according to her she was aware that medications had not been administered per physician's orders for some residents due to residents not being entered into the pharmacy's automatic refill program. They were working on this process and had educated nurses on what to do if medications were not available.</p> <p>On 11/13/25 a review of the pharmacy policy regarding unavailable medications read as follows:</p> <p>Page 105 of 223; Paragraph 3, The nursing staff shall:</p> <ol style="list-style-type: none"> <li>1. Notify the attending physician (or on-call physician when applicable) of the situation and explain the circumstances, expected availability, and alternative therapy (i.e.s) if available. If the facility nurse is unable to obtain a response from the attending physician or on-call physician, the nurse should notify the nursing supervisor and contact the Facility Medical Director for orders and/or directions.</li> <li>2. Obtain new order and cancel / discontinue the order for the non-available medication.</li> <li>3. Notify the pharmacy of the replacement order.</li> </ol> <p>On 11/13/25 during the end of day meeting, the Administrator, Interim Director of Nursing, New Director of Nursing and Regional Director of Clinical Services were made aware of concerns, and no further information was provided</p>		

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<p>F 0755</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Some</p>	<p>Provide pharmaceutical services to meet the needs of each resident and employ or obtain the services of a licensed pharmacist.</p> <p><b>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY**</b> Based on interview clinical record review and facility documentation the facility staff failed to ensure routine medications were available to be administered to 3 residents (#s 1, 2, and 3) in a survey sample of 3 residents.1, For Resident #1 the facility staff failed to ensure that routine medications were available for administration to the resident.</p> <p>Resident #1 was admitted to the facility on [DATE] with diagnoses that included but not limited to hemiplegia and hemiparesis following cerebral infarction (stroke), heart failure, atrial fibrillation, dysphagia, hypertension, pneumonia, history of repeated falls, major depressive disorder, and insomnia. Resident #1's most recent BIMS (Brief Interview of Mental Status) scored the Resident 15 out of a possible 15, indicating no cognitive impairment. Resident #1 is wheelchair dependent and has left sided paralysis due to the history of 2 CVA's (strokes), the most recent being in October of 2025. Resident #1 has left sided paralysis and uses a wheelchair for mobility.</p> <p>A review of the progress notes revealed the following documentation about routine medications that were unavailable to Resident #1:</p> <p>9/4/25 10 am Saline nasal mist solution 0.65 spray in each nostril every 12 hours. Awaiting pharmacy delivery. The same documentation Awaiting Pharmacy delivery was present on 9/16, 9/19, 9/23, 10/6, 10/21, 10/23, 10/24, 10/29,</p> <p>10/5/25 12:02 pm Umeclidinium-Vilanterol Inhalation Aerosol Powder Breath Activated 62.5-25 MCG/ACT1 puff inhale orally one time a day for COPD Insurance doesn't approve this med.</p> <p>10/8/25 12:37 pm Umeclidinium-Vilanterol inhalation aerosol powder breath activated 62.5-25mcg/act inhale 1 puff orally one time a day for COPD. med missing</p> <p>10/19/25 9:14 am Umeclidinium-Vilanterol inhalation aerosol powder breath activated 62.5-25mcg/act inhale 1 puff orally one time a day for COPD. med not on cart</p> <p>8/25/25 10:43 am Cholecalciferol oral tablet 25 mcg l tablet by mouth one time per day supplement med unavailable.</p> <p>10/24/25 9:10 am Lidocaine Pain Relief External Patch 4% apply to bilateral knees 1 time per day Meds Reordered.</p> <p>9/1/25 and 10/6/25 Fiber Formula oral caps. Give 3 capsules by mouth one time per day Medication is not available.</p> <p>On 11/12/25 at approximately 1:45 pm an interview was conducted with LPN 2 who stated If a medication is unavailable the nurse should first check the Omnicell then, notify the pharmacy, to see if it will be on the next run, notify the physician and notify the family if the med will be late or if they need to substitute the medication for something else until the medication arrives.</p> <p>A review of the Policy entitled Unavailable Medications revealed the following:</p> <p>(continued on next page)</p>		

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<p>F 0755</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Some</p>	<p>Page 105 of 223; Paragraph 3</p> <p>The nursing staff shall:</p> <ol style="list-style-type: none"> <li>1. Notify the attending physician (or on-call physician when applicable) of the situation and explain the circumstances, expected availability, and alternative therapy (ies) if available. If the facility nurse is unable to obtain a response from the attending physician or on-call physician, the nurse should notify the nursing supervisor and contact the Facility Medical Director for orders and/or directions.</li> <li>2. Obtain new order and cancel / discontinue the order for the non-available medication.</li> <li>3. Notify the pharmacy of the replacement order.</li> </ol> <p>On 11/13/25 during the end of day meeting the Administrator and the DON were made aware and no further information was provided.</p> <p>2. For Resident #3 the facility staff failed to ensure medications were available for administration to the resident.</p> <p>Resident #3 was admitted to the facility on [DATE] with diagnoses that included but were not limited to Parkinson's disease, type 2 diabetes, CVA, hypertension and personal history of TIA (Transient Ischemic Attack).</p> <p>On 11/12/25 a review of the clinical record revealed that Resident #3 had orders that included Eliquis 5 mg twice a day for CVA.</p> <p>A review of the progress notes revealed the following documentation about medications that were unavailable to Resident #1:</p> <p>11/2/25 8:34 am - Eliquis Oral Tablet 5 mg give one tablet by mouth 2 times per for CVA. Reordered.</p> <p>11/2/25 10:23 pm Eliquis Oral Tablet 5 mg give one tablet by mouth 2 times per for CVA Awaiting pharmacy</p> <p>11/7/25 4:24 pm Eliquis Oral Tablet 5 mg give one tablet by mouth 2 times per for CVA Awaiting pharmacy</p> <p>9/17/25 8:17 am Sertraline [an antidepressant] HCL tablet give 12.5 mg by mouth 1 time per day for depression med is on order.</p> <p>10/18/25 2:13 pm Carbidopa-Levodopa oral tablet 23-100 mg give one tablet by mouth three times a day for Parkinsons -Reordered</p> <p>11/2/25 2:05 pm Carbidopa-Levodopa oral tablet 23-100 mg give one tablet by mouth three times a day for Parkinsons -Reordered</p> <p>(continued on next page)</p>

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<p>F 0755</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Some</p>	<p>On 11/13/25 a review of the list of medications available in the Omnicell (stat medication dispensing device), revealed that Eliquis was available for use in 2.5 mg and 5 mg doses and sertraline was available in the 25 mg dose. There is no documentation that the physician was contacted notified of the unavailability of Eliquis, carbadopa/ levadopa, and Sertraline.</p> <p>On 11/12/25 at approximately 1:45 pm an interview was conducted with LPN 2 who stated that if a medication is unavailable the nurse should first check the omnicell then, notify the pharmacy, to see if it will be on the next run, notify the physician and notify the family if the med will be late or if they need to substitute the medication for something else until the medication arrives.</p> <p>On 11/13/25 a review of the pharmacy policy regarding unavailable medications read as follows:</p> <p>Page 105 of 223; Paragraph 3</p> <p>The nursing staff shall:</p> <ol style="list-style-type: none"> <li>1. Notify the attending physician (or on-call physician when applicable) of the situation and explain the circumstances, expected availability, and alternative therapy (ies) if available. If the facility nurse is unable to obtain a response from the attending physician or on-call physician, the nurse should notify the the nursing supervisor and contact the Facility Medical Director for orders and/or directions.</li> <li>2. Obtain new order and cancel / discontinue the order for the non-available medication.</li> <li>3. Notify the pharmacy of the replacement order.</li> </ol> <p>On 11/13/25 during the end of day meeting the Administrator was made aware of the concerns and no further information was made available.</p> <p>3. For Resident #2, the facility staff failed to ensure her medications (Dapagliflozin, Incruse Ellipta, Buspar and lpratropium) were available to be administered according to the physician's orders.</p> <p>Resident #2 was admitted to the facility on [DATE] with diagnoses including but not limited to chronic obstructive pulmonary disease with exacerbation, type 2 diabetes mellitus, history of pulmonary embolism, obstructive sleep apnea, iron deficiency anemia secondary to blood loss, chronic kidney disease, stage 3, hypertension, vascular dementia without behavioral disturbance, psychotic disturbance, mood disturbance, anxiety, hypokalemia, post-traumatic stress disorder, major depressive disorder, interstitial pulmonary disease, morbid obesity, acute and chronic respiratory failure, with hypoxia, pneumonia and acute on chronic diastolic (congestive) heart failure and fibromyalgia.</p> <p>Resident #2's most recent MDS (Minimum Data Set) Quarterly Assessment with an ARD (Assessment Reference Date) of 10/4/25 coded the resident as having a BIMS (Brief Interview of Mental Status) score of 14 out of a possible 15 indicating her cognition is intact.</p> <p>(continued on next page)</p>		

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<p>F 0755</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Some</p>	<p>On 11/12/25 a review of Resident #2's Physician Order Summary was completed which revealed that the resident had orders for Dapagliflozin (a prescription medication used to treat adults with type 2 diabetes, heart failure and chronic kidney disease) , Incruse Ellipta ( a prescription maintenance medication used to treat chronic obstructive pulmonary disease in adults), Buspar (an anti-anxiety medication used to treat symptoms of anxiety) and Ipratropium (a prescription medication used to relax the muscles around the airways which opens them up and makes breathing easier). Further record review of Resident #2's July, August, September and October Medication Administration Records and progress notes were coded as 9 which means see nurses notes and nurses notes revealed medication not available, on order, awaiting delivery or insurance company won't distribute until next Monday (a week away)</p> <p>According to the clinical record Medication Administration Record and progress notes:</p> <p>7/30/25 at 9:00AM Dapagliflozin Propanediol Oral Tablet 10 MG, give 1 tablet by mouth one time a day for DM 2 and the Medication Administration Record was coded as 9 which means to see nurses notes and per nurse's notes nurse documented Not available on reorder.</p> <p>7/30/25 at 9:00AM Incruse Ellipta 62.5 MCG/ACT Aerosol Powder, breath activated, give 1 puff by mouth one time a day related to chronic obstructive pulmonary disease with exacerbation was coded as 9 which means to see nurses notes and per the nurses notes the nurse documented on order.</p> <p>8/13/25 at 9:00AM Incruse Ellipta 62.5 MCG/ACT Aerosol Powder, breath activated, give 1 puff by mouth one time a day related to chronic obstructive pulmonary disease with exacerbation was coded as a 9 which means to see nurses notes and per nurses notes the nurse documented on order.</p> <p>9/27/25 and 9/29/25 at 9:00AM Incruse Ellipta 62.5 MCG/ACT Aerosol Powder, breath activated Give 1 puff by mouth one time a day related to chronic obstructive pulmonary disease with exacerbation was coded as a 9 which means to see nurses notes and per the nurses notes the nurse documented med on order.</p> <p>10/1/25 at 9:00AM Incruse Ellipta 62.5 MCG/ACT Aerosol Powder, breath activated</p> <p>Give 1 puff by mouth one time a day related to chronic obstructive pulmonary disease with exacerbation was coded as a 9 which means to see nurses notes and per the nurses notes the nurse documented available this nurse called pharmacy, pharmacy stated that insurance won't distribute until next Monday</p> <p>10/1/25 at 9:00AM Buspar Oral Tablet 10 MG give 1 tablet by mouth three times a day for depression was coded as a 9 which means to see nurses notes and per the nurses notes the nurse documented med on order</p> <p>10/2/25 at 9:00AM Incruse Ellipta 62.5 MCG/ACT Aerosol Powder, breath activated</p> <p>Give 1 puff by mouth one time a day related to chronic obstructive pulmonary disease with exacerbation was coded as a 9 which means to see nurses notes and per the nurses notes the nurse documented med on order not available due to insurance till Monday</p> <p>(continued on next page)</p>		

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NAME OF PROVIDER OR SUPPLIER  Williamsburg Post Acute & Rehabilitation		STREET ADDRESS, CITY, STATE, ZIP CODE  1235 S Mount Vernon Avenue Williamsburg, VA 23185	
For information on the nursing home's plan to correct this deficiency, please contact the nursing home or the state survey agency.			
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<p>F 0755</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Some</p>	<p>10/2/25 at 9:00AM Buspar Oral Tablet 10 MG give 1 tablet by mouth three times a day for depression was coded as a 9 which means to see nurses notes and per the nurses notes the nurse documented med on order</p> <p>10/2/25 at 1:00PM Buspar Oral Tablet 10 MG, give 1 tablet by mouth three times a day for depression was coded as a 9 which means to see nurses notes and per the nurses notes the nurse documented on order</p> <p>10/3/25 9:00AM Buspar Oral Tablet 10 MG give 1 tablet by mouth three times a day for depression at was coded as a 9 which means to see nurses notes and per the nurses notes the nurse documented med on order</p> <p>10/3/25 at 9:00AM Incruse Ellipta 62.5 MCG/ACT Aerosol Powder, breath activated, give 1 puff by mouth one time a day related to chronic obstructive pulmonary disease with exacerbation was coded as a 9 which means to see nurses notes and per the nurses notes the nurse documented med on order</p> <p>10/18/2025 at 14:32 Ipratropium Bromide Inhalation Solution 0.02 % 1 dose inhale orally three times a day for wheezing was coded as 9 which means see nurse's note and per the nurses note the nurse documented writer spoke to the pharmacy; this medication will be delivered next drop off</p> <p>10/19/25 at 9:00AM 00AM Incruse Ellipta 62.5 MCG/ACT Aerosol Powder, breath activated, give 1 puff by mouth one time a day related to chronic obstructive pulmonary disease with exacerbation was coded as a 9 which means to see nurses notes and per the nurses notes the nurse documented awaiting delivery</p> <p>10/20/2025 08:55 According to a nurse's note: Ipratropium Bromide Inhalation Solution 0.02 % 1 dose inhale orally three times a day for wheezing was administered as Resident #2 had complained of shortness of breath (SOB). Resident states her nurses yesterday refused to give her breathing treatments and some said she was out. Brought box to residents to show, it is not a new box, it is half used. And it has her name on it. Resident also states she was not given her sleep medication or anxiety medication, resulting in her being up all night not able to sleep. Gave resident all her normal morning medicine and included as needed (PRN) medication for anxiety. Assessment: Before breathing treatment 90 %, during breathing treatment, 92 %, after breathing treatment. And after morning medication 94 %, shortness of breath (SOB) is better.</p> <p>No evidence that the medical provider was notified of medications not available or that the insurance provider was not approving a medication for dispensing until 10/8/25.</p> <p>On 11/13/25 at 10:01AM, an interview was conducted with LPN#1 on what she would do if a medication was not available in the medication cart for the resident and she replied, I would look in the STAT box and then I think I would call the doctor Oh I need to ask [NAME] about that I am not sure exactly.</p> <p>(continued on next page)</p>		

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<p>F 0755</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Some</p>	<p>On 11/13/25 at 10:07AM, an interview was conducted with LPN #2 on what she would do if a medication was not available in the medication cart for the resident and she replied, I would check my cart in the overstock medication drawer and if not there I would check in the Omnicell (an on-site machine used in long term facilities to store and manage medication accessibility), if still not there I would call the pharmacy and ask them if the med was enroute and when it would arrive, if none of that can get the med here timely then I would call the nurse practitioner or doctor to see if they have other orders</p> <p>On 11/13/25 at 10:34AM, an interview was conducted with the Interim Director of Nursing (Employee #3) and according to her she was aware that medications had not been administered per physician's orders for some residents due to residents not being entered into the pharmacy's automatic refill program. They were working on this process and had educated nurses on what to do if medications were not available.</p> <p>On 11/13/25 a review of the pharmacy policy regarding unavailable medications read as follows:</p> <p>Page 105 of 223; Paragraph 3, The nursing staff shall:</p> <ol style="list-style-type: none"> <li>1. Notify the attending physician (or on-call physician when applicable) of the situation and explain the circumstances, expected availability, and alternative therapy if available. If the facility nurse is unable to obtain a response from the attending physician or on-call physician, the nurse should notify the nursing supervisor and contact the Facility Medical Director for orders and/or directions.</li> <li>2. Obtain new order and cancel / discontinue the order for the non-available medication.</li> <li>3. Notify the pharmacy of the replacement order.</li> </ol> <p>On 11/13/25 during the end of day meeting, the Administrator, Interim Director of Nursing, New Director of Nursing and Regional Director of Clinical Services were made aware of concerns, and no further information was provided.</p>		

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<p>F 0760</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Some</p>	<p>Ensure that residents are free from significant medication errors.</p> <p><b>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY**</b> Based on interview clinical record review and facility documentation the facility staff failed to ensure that residents were free from significant medication errors for 3 residents (Resident #'s 1, 2 and 3) of 3 Residents in the survey sample. 1. For Resident #1 the facility staff failed to ensure the resident received Levoquin (an antibiotic), Umeclidinium-Vilanterol (an inhaler for COPD) and dexamethasone (a steroid) per physician orders.</p> <p>Resident #1 was admitted to the facility on [DATE] with diagnoses that included but not limited to hemiplegia and hemiparesis following cerebral infarction (stroke), heart failure, atrial fibrillation, dysphagia, hypertension, pneumonia, history of repeated falls, major depressive disorder, and insomnia. Resident #1's most recent BIMS (Brief Interview of Mental Status) scored the Resident 15 out of a possible 15, indicating no cognitive impairment. Resident #1 is wheelchair dependent and has left sided paralysis due to the history of 2 CVA's (strokes), the most recent being in October of 2025.</p> <p>On 11/12/25 a review of the clinical record revealed the following medications were documented as unavailable for administration to Resident #1:</p> <p>8/22/25 10:53 pm Levaquin [an antibiotic] tablet 750 mg give 1 tablet by mouth one time per day for PNA [pneumonia] for 7 days until finished. On the hands of the pharmacy</p> <p>10/8/25 12:37 pm Umeclidinium-Vilanterol [Anoro Elipta] inhalation aerosol powder breath activated 62.5-25mcg/act inhale 1 puff orally one time a day for COPD. med missing</p> <p>10/19/25 9:14 am Umeclidinium-Vilanterol inhalation aerosol powder breath activated 62.5-25mcg/act inhale 1 puff orally one time a day for COPD. med not on cart</p> <p>8/23/25 dexamethasone &amp;ndash; med on way from pharmacy. Further, chart review revealed dexamethasone was documented as unavailable on 9/4, 9/5, 9/6, 9/12, 9/13, and 9/16.</p> <p>On 11/13/25 a review of the list of medications available in the Omnicell (stat medication dispensing device), revealed that although Dexamethasone was not available Prednisone was available in 5 mg, 10 mg and 20 mg strengths and Levoquin was available in 500 mg strength. There is no documentation that the physician was contacted notified of the unavailability of Dexamethasone and availability of Prednisone.</p> <p>On 11/12/25 at approximately 1:45 pm an interview was conducted with LPN 2 who stated that if a medication is unavailable the nurse should first check the Omnicell then, notify the pharmacy, to see if it will be on the next run, notify the physician and notify the family if the med will be late or if they need to substitute the medication for something else until the medication arrives.</p> <p>On 11/13/25 a review of the pharmacy policy regarding unavailable medications read as follows:</p> <p>Page 105 of 223; Paragraph 3</p> <p>The nursing staff shall:</p> <p>(continued on next page)</p>		

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<p>F 0760</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Some</p>	<p>1. Notify the attending physician (or on-call physician when applicable) of the situation and explain the circumstances, expected availability, and alternative therapy (ies) if available. If the facility nurse is unable to obtain a response from the attending physician or on-call physician, the nurse should notify the nursing supervisor and contact the Facility Medical Director for orders and/or directions.</p> <p>2. Obtain new order and cancel / discontinue the order for the non-available medication.</p> <p>3. Notify the pharmacy of the replacement order.</p> <p>On 11/13/25 during the end of day meeting the Administrator was made aware of the concerns and no further information was made available.</p> <p>2. For Resident #3 the facility staff failed to administer Eliquis (an anticoagulant) Carbidopa Levodopa (a dopaminergic anti-Parkinson drug) and sertraline (an antidepressant) as directed by physician.</p> <p>Resident #3 was admitted to the facility on [DATE] with diagnoses that included but were not limited to Parkinson's disease, type 2 diabetes, CVA, hypertension and personal history of TIA (Transient Ischemic Attack).</p> <p>On 11/12/25 a review of the clinical record revealed that Resident #3 had orders that included:</p> <p>Eliquis 5 mg twice a day for CVA.</p> <p>Sertraline 12.5 mg 1 time a day for depression</p> <p>Carbidopa / Levodopa oral tablet 23-100 mg give one tablet by mouth three times a day for Parkinsons</p> <p>A review of the progress notes revealed the following:</p> <p>11/2/25 8:34 am - Eliquis Oral Tablet 5 mg give one tablet by mouth 2 times per for CVA. Reordered.</p> <p>11/2/25 10:23 pm Eliquis Oral Tablet 5 mg give one tablet by mouth 2 times per for CVA Awaiting pharmacy</p> <p>11/7/25 4:24 pm Eliquis Oral Tablet 5 mg give one tablet by mouth 2 times per for CVA Awaiting pharmacy</p> <p>9/17/25 8:17 am Sertraline [an antidepressant] HCL tablet give 12.5 mg by mouth 1 time per day for depression med is on order.</p> <p>10/18/25 2:13 pm Carbidopa-Levodopa oral tablet 23-100 mg give one tablet by mouth three times a day for Parkinsons -Reordered</p> <p>11/2/25 2:05 pm Carbidopa-Levodopa oral tablet 23-100 mg give one tablet by mouth three times a day for Parkinsons -Reordered</p> <p>(continued on next page)</p>

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<p>F 0760</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Some</p>	<p>On 11/13/25 a review of the list of medications available in the Omnicell (stat medication dispensing device), revealed that Eliquis was available for use in 2.5 mg and 5 mg doses and sertraline was available in the 25 mg dose. There is no documentation that the physician was contacted notified of the unavailability of Eliquis, carbidopa/ levodopa, and Sertraline.</p> <p>On 11/12/25 at approximately 1:45 pm an interview was conducted with LPN 2 who stated that if a medication is unavailable the nurse should first check the Omnicell then, notify the pharmacy, to see if it will be on the next run, notify the physician and notify the family if the med will be late or if they need to substitute the medication for something else until the medication arrives.</p> <p>On 11/13/25 a review of the pharmacy policy regarding unavailable medications read as follows:</p> <p>Page 105 of 223; Paragraph 3</p> <p>The nursing staff shall:</p> <ol style="list-style-type: none"> <li>1. Notify the attending physician (or on-call physician when applicable) of the situation and explain the circumstances, expected availability, and alternative therapy (ies) if available. If the facility nurse is unable to obtain a response from the attending physician or on-call physician, the nurse should notify the nursing supervisor and contact the Facility Medical Director for orders and/or directions.</li> <li>2. Obtain new order and cancel / discontinue the order for the non-available medication.</li> <li>3. Notify the pharmacy of the replacement order.</li> </ol> <p>On 11/13/25 during the end of day meeting the Administrator was made aware of the concerns and no further information was made available.</p> <p>3. For Resident #2, the facility staff failed to ensure her medications (Dapagliflozin, Incruse Ellipta, Buspar and lpratropium) were administered according to the physician's orders.</p> <p>Resident #2 was admitted to the facility on [DATE] with diagnoses including but not limited to chronic obstructive pulmonary disease with exacerbation, type 2 diabetes mellitus, history of pulmonary embolism, obstructive sleep apnea, iron deficiency anemia secondary to blood loss, chronic kidney disease, stage 3, hypertension, vascular dementia without behavioral disturbance, psychotic disturbance, mood disturbance, anxiety, hypokalemia, post-traumatic stress disorder, major depressive disorder, interstitial pulmonary disease, morbid obesity, acute and chronic respiratory failure, with hypoxia, pneumonia and acute on chronic diastolic (congestive) heart failure and fibromyalgia.</p> <p>Resident #2's most recent MDS (Minimum Data Set) Quarterly Assessment with an ARD (Assessment Reference Date) of 10/4/25 coded the resident as having a BIMS (Brief Interview of Mental Status) score of 14 out of a possible 15 indicating her cognition is intact.</p> <p>(continued on next page)</p>		

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<p>F 0760</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Some</p>	<p>On 11/12/25 a review of Resident #2's Physician Order Summary was completed which revealed that the resident had orders for Dapagliflozin (a prescription medication used to treat adults with type 2 diabetes, heart failure and chronic kidney disease) , Incruse Ellipta ( a prescription maintenance medication used to treat chronic obstructive pulmonary disease in adults), Buspar (an anti-anxiety medication used to treat symptoms of anxiety) and Ipratropium (a prescription medication used to relax the muscles around the airways which opens them up and makes breathing easier). Further record review of Resident #2's July, August, September and October Medication Administration Records and progress notes were coded as 9 which means see nurses notes and nurses notes revealed medication not available, on order, awaiting delivery or insurance company won't distribute until next Monday (a week away)</p> <p>According to the clinical record Medication Administration Record and progress notes:</p> <p>7/30/25 at 9:00AM Dapagliflozin Propanediol Oral Tablet 10 MG, give 1 tablet by mouth one time a day for DM 2 and the Medication Administration Record was coded as 9 which means to see nurses notes and per nurse's notes nurse documented Not available on reorder.</p> <p>7/30/25 at 9:00AM Incruse Ellipta 62.5 MCG/ACT Aerosol Powder, breath activated, give 1 puff by mouth one time a day related to chronic obstructive pulmonary disease with exacerbation was coded as 9 which means to see nurses notes and per the nurses notes the nurse documented on order.</p> <p>8/13/25 at 9:00AM Incruse Ellipta 62.5 MCG/ACT Aerosol Powder, breath activated, give 1 puff by mouth one time a day related to chronic obstructive pulmonary disease with exacerbation was coded as a 9 which means to see nurses notes and per nurses notes the nurse documented on order.</p> <p>9/27/25 and 9/29/25 at 9:00AM Incruse Ellipta 62.5 MCG/ACT Aerosol Powder, breath activated Give 1 puff by mouth one time a day related to chronic obstructive pulmonary disease with exacerbation was coded as a 9 which means to see nurses notes and per the nurses notes the nurse documented med on order.</p> <p>10/1/25 at 9:00AM Incruse Ellipta 62.5 MCG/ACT Aerosol Powder, breath activated Give 1 puff by mouth one time a day related to chronic obstructive pulmonary disease with exacerbation was coded as a 9 which means to see nurses notes and per the nurses notes the nurse documented available this nurse called pharmacy, pharmacy stated that insurance won't distribute until next Monday</p> <p>10/1/25 at 9:00AM Buspar Oral Tablet 10 MG give 1 tablet by mouth three times a day for depression was coded as a 9 which means to see nurses notes and per the nurses notes the nurse documented med on order</p> <p>10/2/25 at 9:00AM Incruse Ellipta 62.5 MCG/ACT Aerosol Powder, breath activated Give 1 puff by mouth one time a day related to chronic obstructive pulmonary disease with exacerbation was coded as a 9 which means to see nurses notes and per the nurses notes the nurse documented med on order not available due to insurance till Monday</p> <p>10/2/25 at 9:00AM Buspar Oral Tablet 10 MG give 1 tablet by mouth three times a day for depression was coded as a 9 which means to see nurses notes and per the nurses notes the nurse documented med on order</p> <p>(continued on next page)</p>		

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<p>F 0760</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Some</p>	<p>10/2/25 at 1:00PM Buspar Oral Tablet 10 MG, give 1 tablet by mouth three times a day for depression was coded as a 9 which means to see nurses notes and per the nurses notes the nurse documented on order</p> <p>10/3/25 9:00AM Buspar Oral Tablet 10 MG give 1 tablet by mouth three times a day for depression at was coded as a 9 which means to see nurses notes and per the nurses notes the nurse documented med on order</p> <p>10/3/25 at 9:00AM Incruse Ellipta 62.5 MCG/ACT Aerosol Powder, breath activated, give 1 puff by mouth one time a day related to chronic obstructive pulmonary disease with exacerbation was coded as a 9 which means to see nurses notes and per the nurses notes the nurse documented med on order</p> <p>10/18/2025 at 14:32 Ipratropium Bromide Inhalation Solution 0.02 % 1 dose inhale orally three times a day for wheezing was coded as 9 which means see nurse's note and per the nurses note the nurse documented writer spoke to the pharmacy; this medication will be delivered next drop off,</p> <p>10/19/25 at 9:00AM 00AM Incruse Ellipta 62.5 MCG/ACT Aerosol Powder, breath activated, give 1 puff by mouth one time a day related to chronic obstructive pulmonary disease with exacerbation was coded as a 9 which means to see nurses notes and per the nurses notes the nurse documented awaiting delivery</p> <p>10/20/2025 08:55 According to a nurse's note: Ipratropium Bromide Inhalation Solution 0.02 % 1 dose inhale orally three times a day for wheezing was administered as Resident #2 had complained of shortness of breath (SOB). Resident states her nurses yesterday refused to give her breathing treatments and some said she was out. Brought box to residents to show, it is not a new box, it is half used. And it has her name on it. Resident also states she was not given her sleep medication or anxiety medication, resulting in her being up all night not able to sleep. Gave resident all her normal morning medicine and included as needed (PRN) medication for anxiety. Assessment: Before breathing treatment 90 %, during breathing treatment, 92 %, after breathing treatment. And after morning medication 94 %, shortness of breath (SOB) is better.</p> <p>No evidence that the medical provider was notified of medications not available or that the insurance provider was not approving a medication for dispensing until 10/8/25.</p> <p>On 11/13/25 at 10:01AM, an interview was conducted with LPN#1 on what she would do if a medication was not available in the medication cart for the resident and she replied, I would look in the STAT box and then I think I would call the doctor Oh I need to ask [NAME] about that I am not sure exactly.</p> <p>On 11/13/25 at 10:07AM, an interview was conducted with LPN #2 on what she would do if a medication was not available in the medication cart for the resident and she replied, I would check my cart in the overstock medication drawer and if not there I would check in the Omnicell (an on-site machine used in long term facilities to store and manage medication accessibility), if still not there I would call the pharmacy and ask them if the med was enroute and when it would arrive, if none of that can get the med here timely then I would call the nurse practitioner or doctor to see if they have other orders</p> <p>(continued on next page)</p>		

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<p>F 0760</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Some</p>	<p>On 11/13/25 at 10:34AM, an interview was conducted with the Interim Director of Nursing (Employee #3) and according to her she was aware that medications had not been administered per physician's orders for some residents due to residents not being entered into the pharmacy's automatic refill program. They were working on this process and had educated nurses on what to do if medications were not available.</p> <p>On 11/13/25 a review of the pharmacy policy regarding unavailable medications read as follows:</p> <p>Page 105 of 223; Paragraph 3, The nursing staff shall:</p> <ol style="list-style-type: none"> <li>1. Notify the attending physician (or on-call physician when applicable) of the situation and explain the circumstances, expected availability, and alternative therapy (ies) if available. If the facility nurse is unable to obtain a response from the attending physician or on-call physician, the nurse should notify the nursing supervisor and contact the Facility Medical Director for orders and/or directions.</li> <li>2. Obtain new order and cancel / discontinue the order for the non-available medication.</li> <li>3. Notify the pharmacy of the replacement order.</li> </ol> <p>On 11/13/25 during the end of day meeting, the Administrator, Interim Director of Nursing, New Director of Nursing and Regional Director of Clinical Services were made aware of concerns, and no further information was provided</p>		

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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)		
<p>F 0882</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Some</p>	<p>Designate a qualified infection preventionist to be responsible for the infection prevent and control program in the nursing home.</p> <p>Based on interviews and facility document review, the facility failed to designate an individual as the infection preventionist (IP) who was responsible for the facility's Infection Prevention and Control Program (IPCP) for the facility. Findings include: The facility administration failed to designate an individual who had completed specialized training in infection prevention and control practices to oversee the facility's Infection Prevention and Control Program. On 11/12/25 a review was conducted on the facility's infection control binder which revealed the Infection Control Tracking Log (surveillance log) dated 7/1/25 through 7/31/25 was incomplete for 5 residents for onset date, site, infection related diagnosis, culture/labs/diagnostic test results, organism, antibiotics, isolation, whether infection was healthcare associated infection or not and date resolved. The Infection Control binder was further reviewed and revealed that from May to present numerous months were incomplete for infection control tracking logs, McGeer's criteria, mapping and monthly reports. On 11/12/25 an interview was conducted with the Interim Director of Nursing (Employee #3) and the Regional Director of Clinical Services (Employee #4) on incomplete infection control program reports and tracking and they replied that they had had several people overseeing the facility's infection control program since the former Assistant Director of Nursing had left in April and they had not filled that position. Copies of the Infection Control training certification for the staff overseeing the program since April were requested and the Regional Director of Clinical Services provided a copy of CDC's Nursing Home Infection Preventionist Training Course Certification for 8/20/25 through 10/20/25 for the former Interim Director of Nursing and another certificate for the current Interim Director of Nursing 10/20/25 to present but no evidence that an individual was designated as the Infection Preventionist who had completed specialized training/certification in infection prevention and control for the time period of 5/1/25 through 8/20/25 A review of the facility's Infection Control Policies provided by the Administrator was completed: The policy entitled: Infection Control Program revealed: Policy: Specific Procedures/Guidance 1. h. Monitoring and timely reporting of infection control data as required by federal and state regulations or guidance. 2. The Infection Control program will be overseen by the Infection Preventionist in collaboration with Medical Director/Designee, Pharmacy Representative, Director of Nursing, Administrator and other staff were assigned. The policy entitled: Infection Preventionist Policy revealed: Policy: Specific Procedures/Guidance 3. The Infection Preventionist will collect, analyze and provide infection and antibiotic usage data and trends to nursing staff and health care practitioners; consult on infection risk assessment and prevention control strategies; provide education and training; and the implementation of evidence-based infection prevention and control practices. The policy entitled: Infection Preventionist - Job Description revealed: Qualified Candidate: Educational and Certification Requirements Certification in Infection Control and Epidemiology (i.e.: CIC copyrighted preferred) or, attainment prior to employment On 11/13/25 during the end of day meeting, the Administrator, Interim Director of Nursing, New Director of Nursing, Regional Director of Clinical Services and Regional Director of Operations were made aware of concerns, and no further information was provided.</p>		