

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 10/28/2024
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 0761</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>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.</p> <p>12585</p> <p>Based on observation and staff interview, the facility staff failed to ensure adherence to the expiration dates for over-the counter (OTC) medications in bulk containers.</p> <p>The findings included:</p> <p>On 10/23/24 at 3:30 PM, medication checks of one medication cart was conducted on the Colonial Unit. Based on observation and staff interviews, the facility staff failed to ensure adherence to the expiration dates for over-the-counter (OTC) medications in bulk containers.</p> <p>The findings included:</p> <p>On 10/23/24 at 3:30 PM, medication cart checks were conducted on the Colonial Unit. One bottle of Thiamine Vitamin B-1 had an expiration date of 7/2024 and a marked open date of 10/17/24. Registered Nurse (RN) #1 said the medication should have been removed from the medication cart, and could not explain why the expired drug was marked as open on 10/17/24, well after the expiration date. RN#1 stated it was a facility policy to dispose of expired medications at least within 30 days of the expiration date with another nurse. The Unit Manager was present, and the Director of Nursing (DON) was made aware of the abovementioned observation. The DON stated she checked the other facility unit's medication carts for expired drugs.</p> <p>No further information was provided before the survey exited.</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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