STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	495293	A. Building B. Wing	05/27/2026

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Berkshire Health & Rehabilitation Center	705 Clearview Drive Vinton, VA 24179

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 0755 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Provide pharmaceutical services to meet the needs of each resident and employ or obtain the services of a licensed pharmacist. Based on staff interview, clinical record review and facility document review, the facility staff failed to ensure medications were available for administration for 1 of 3 residents in the survey sample, Resident #2. The findings included: For Resident #2 the facility staff failed to ensure the medication Morphine sulfate was available for administration. Resident #2's clinical record listed diagnoses which included but not limited to polyneuropathy, pressure ulcer of sacral region, and polyarthritis. Resident #2's admission Minimum Data Set (MDS) with an Assessment Reference Date (ARD) of 05/21/26 assigned the resident a Brief Interview for Mental Status (BIMS) score of 15 out of 15 in section C, cognitive patterns. This indicates that the resident is cognitively intact. Section J, health conditions, coded the resident as receiving scheduled and as needed pain medications over the previous five (5) days from the assessment reference date. Resident #2's comprehensive care plan was reviewed and contained a plan for Opioids: the resident is at risk for complications related to the use of opioid secondary to arthritis, chronic pain unrelieved by analgesics, unrelieved joint pain, wounds and wound care. Interventions for this plan included administer medications as ordered. Resident #2's clinical record was reviewed and contained a physician's order summary which read in part, Morphine Sulfate Oral Tablet 15 mg (Morphine Sulfate). Give 1 tablet by mouth three times a day for pain and oxycodone HCl Oral Tablet 10 mg (Oxycodone HCl). Give 1 tablet by mouth every 4 hours as needed for pain.Resident #2's electronic medication administration record (eMAR) for the month of May 2026 was reviewed and contained entries as above. The entry for Morphine sulfate was coded 5 on 05/25/26 at 2200 (10 pm). Chart code 5 is equivalent to Hold/See Progress Notes. The entry for oxycodone was documented as being administered on 05/25/26 at 2050 (8:50 pm) with a pain level of 9 out of 10. Resident #2's clinical record contained progress notes which read in part, 5/25/2026 23:27 (11:27 PM). Note Text: Morphine Sulfate Oral Tablet 15 mg. Give 1 tablet by mouth three times a day for pain. one time hold per . (name omitted) APN (advanced practice nurse) and 5/26/2026 00:23. Date of Service 05/25/2026 10:03 PM. Primary Chief Complaint: Medication: Medication Not Available. History Present Illness: 65 y/o (year old) female patient has several pain control medications, including morphine. Pharmacy has not yet delivered tonight's dose of morphine .Condition is guarded. has morphine for pain control-not delivered from pharmacy. Orders: hold 5/25/26 PM dose of morphine 2/2 (secondary to) nondelivery from pharmacy .Spoke with Resident #2 on 05/27/26 at 1:45 pm. Resident #2 stated they only time they recall medications not being available was when they were admitted . Resident #2 stated, They told me at the hospital that my medicine would be here when I got here, but it wasn't. They did get it sometime during the night. Resident #2 stated the facility staff are good about addressing her pain. Surveyor spoke with licensed practical nurse (LPN) #1 on 05/27/26 at 2:15 pm regarding procedure for unavailable medications. LPN #1 stated they would first check the Omnicell (emergency medication supply) to see if medication was available there, if not, they would then call the pharmacy for a stat delivery. Surveyor spoke with LPN #2 on 05/27/26 at 2:30 pm regarding procedure for unavailable medications. LPN #2 stated they would check the Omnicell, call pharmacy, call physician, and/or request a stat delivery from pharmacy. Surveyor spoke with LPN #3 on 05/27/26 at 2:40 pm regarding procedure for unavailable medications. LPN #3 stated, Can I get (continued on next page)

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
	495293	A. Building B. Wing	05/27/2026

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Berkshire Health & Rehabilitation Center	705 Clearview Drive Vinton, VA 24179

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 0755 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	back with you?, then stated they would contact the pharmacy and contact the provider for alternative medication. Surveyor requested a list of medications available in the facility Omnicell. Morphine sulfate 15 mg tablet was not available in the Omnicell. The concern of Resident #2's morphine not being available for administration was discussed with the Administrator, Director of Nursing, Assistant Director of Nursing, and Regional Director of Clinical Services on 05/27/26 at 4:15 pm. No further information was provided prior to exit.