STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	495300	A. Building B. Wing	05/23/2024

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Heritage Hall King George	10051 Foxes Way King George, VA 22485

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 0656 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Develop and implement a complete care plan that meets all the resident's needs, with timetables and actions that can be measured. 40026 Based on interview clinical record review and facility documentation the facility staff failed to develop and implement a comprehensive care plan that includes measurable objectives and timeframes to meet a resident's medical, nursing, and mental and psychosocial needs for 1 Resident (#1) in a survey sample of three (3) residents. The findings included: For Resident #1 the care plan does not have specific interventions for ADL (Activities of Daily Living) assistance. On 5/22/24 a review of the clinical record revealed the following excerpt from the care plan: FOCUS: Impaired Coping Date Initiated: 04/29/2024 GOAL: [This section was not filled in] INTERVENTIONS: Provide assistance with ADLs / IADLs as needed Date Initiated: 04/29/2024. Provide care in a calm and reassuring manner Date Initiated: 04/29/2024. On 5/24/24 at approximately 3:30 PM an interview was conducted with RN C who was asked the purpose of a care plan. RN C stated the purpose of a care plan is to direct the care of the Resident. When asked if this should include care that is individualized to each Resident, and she stated that it should. When asked if it should specify the exact ADL assistance that each Resident needs, she stated that All aspects of Resident care bathing, transferring, eating, incontinence care and any conditions like diabetes or seizures, and specific interventions like walker or wheelchair and Hoyer lift transfer, adaptive equipment anything that is used to care for that resident should be in the care plan. The following excerpts are from the facility policy entitled Care Plans, Comprehensive Person-Centered. Policy Statement: Comprehensive person-centered care plan that includes measurable objectives and timelines to meet the physical, psychosocial and functional needs is developed for each resident. (continued on next page)

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
	495300	A. Building B. Wing	05/23/2024

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Heritage Hall King George	10051 Foxes Way King George, VA 22485

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 0656 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	7. The comprehensive person-centered care plan: a. includes measurable objectives and timeframes. b. describes the services that are to be furnished to attain or maintain the resident's highest practicable physical, mental and psychosocial wellbeing. On 5/23/24 during the end of day meeting the Administrator was made aware of the concerns and no further information was provided.

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	495300	A. Building B. Wing	05/23/2024

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Heritage Hall King George	10051 Foxes Way King George, VA 22485

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 - Immediate jeopardy to resident health or safety 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** 40026 Based on interview clinical record review and facility documentation the facility staff failed to ensure that Residents receive adequate supervision and assistance to prevent accidents for 1 Resident (#1) in a survey sample of 5 Residents. Immediate Jeopardy (IJ) was identified on 5/22/24 at 12:55 PM, at which time the facility Administrator and Director of Nursing were made aware. Following verification of the implementation of the facility's immediacy removal plan, it was determined the IJ was removed on 5/23/24 at 11:15 AM. The scope and severity were lowered to level 3, isolated. The findings included: For Resident #1, the facility staff failed to ensure the Resident was always supervised in the whirlpool tub. Resident #1 was left in the whirlpool bath for approximately 4 hours unattended, resulting in being found unresponsive and requiring transport to the emergency room via rescue squad. On 5/21/24 at approximately 11:30 AM initial tour was conducted, and it was found that Resident #1 was not in the facility. A clinical record review revealed the following progress note related to the resident being sent to the ER via rescue squad on the evening of 5/19/24: 5/20/24 at 12:58 AM: Note Text: 3-11 PM (on 5/19/24) saw resident walk pass the nursing station heading towards the dining room. 6:30 PM resident had not returned to his room for evening meds. I, nurse, at the nursing station asked the CNAs [Certified Nursing Assistants] if anyone had seen resident. Answer was no. CNAs sent to check rooms on A side, while I, nurse, went to look in the activity room, then B side. ASKED CNA IF She had seen resident. Answered no. I checked dining room, it was empty. Back to A side and a CNA stated that he might be visiting a resident on the B side. CNA's sent to check each room. Came back and stated no. 6:45 PM called his sister to ask if family had come to pick him up. Answered no. Then a CNA checked in the shower room and found resident in tub and hollered for help. Everyone responded. Action taken: VS, emptied tub of water, applied O2 at 4 litters [sic], brought a fan in to cool resident off, 911 called and sister called to inform that we had found him and would be sending him out to the hospital [Hospital Initials redacted]. Resident unresponsive but breathing. Shallow breathing in the beginning.7:02 pm VS 92/43, HR 109, T 101.6, O2 94% RA. 2nd set115/51, HR110, O2 93% 4 litters [sic] applied. 7:06 pm called sister to inform that resident had been found and was leaving for the hospital. She asked why and I, nurse, stated it was because he was unresponsive in the shower. She sounded clam [sic] and stated she would leave home to be there. DON and Administrator informed and arrived. (continued on next page)

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	495300	A. Building B. Wing	05/23/2024

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Heritage Hall King George	10051 Foxes Way King George, VA 22485

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 - Immediate jeopardy to resident health or safety Residents Affected - Few	On 5/21/24 at approximately 6:10 PM a phone interview was conducted with CNA B, as he was suspended from the facility and unable to return for a face-to-face interview. When asked to explain the events on Sunday 5/19/24, the CNA stated that he had been working many hours, filling in for people who needed time off. He stated that he was called by a co-worker and asked to come in early for her. CNA B said, I was so tired, and I knew I should not, but I did anyway. I got to work at 1 PM, I just hit the floor running. He stated that he was answering lights and passing ice to Residents when Resident #1 came to him and said, Hey [CNA B name redacted] you forgot about me. Resident #1 asked CNA B to shower him as he did not get one on Saturday per the shower schedule. CNA B stated that he agreed, got his towels and clothes, and took Resident #1 to the shower room. CNA B stated that once they were in the shower room, he (Resident #1) insisted on a whirlpool bath instead of a shower. CNA B stated that he told the Resident he did not have enough time to do a whirlpool bath and that a shower would be quicker, however, the Resident insisted that he get a whirlpool bath and CNA B agreed. CNA B stated that he put the Resident in the tub and started running the water making sure the temperature was comfortable for the Resident, then someone called him, and he told Resident #1 he would be right back. He stated that when he left the shower room another resident was yelling about needing to be put on the toilet then another was ringing the call bell. He stated that he started helping residents and answering call bells. He stated that everyone was ringing one after another and needed something. During the above interview, CNA B stated that after he finished toileting one resident, getting another cleaned up from an incontinent episode, changing the bed linens for another resident and getting them cleaned up, and getting fluids for another resident he began passing trays. CNA B stated, I passed the tray to Resident #1's room, but it didn't dawn on me he was still in the shower. I thought to myself he must be in the bathroom. He stated that he assisted other residents with their meals, and then collected the dinner trays. CNA B stated after the dinner trays were collected, the nurse in the hall asked him if he had seen Resident #1 and he stated that he had not. The nurse told all the CNAs to start looking in every room and all bathrooms. CAN D started yelling that she found Resident #1 in the whirlpool tub. CNA B stated, When they asked me, I denied leaving him in the tub. He was sent to the hospital by 911. I felt so bad. CNA B stated that when the Administrator called him to come in on Monday, he told them the truth, The truth is that I was so tired I forgot him. I have been a CNA for [AGE] years and I have never had anything like this happen I feel so bad. When asked if they were supposed to leave residents unattended and unsupervised in the shower or bath, he stated that they were not allowed to leave anyone unattended in the bath or shower. He added I have never done that. It was just a one-time thing. On 5/22/24 a review of the facility policy entitled, Bath, Shower/Tub excerpt was as follows: General Guidelines 2. Stay with the resident throughout the bath. Never leave the resident unattended in the tub or shower. (continued on next page)

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	495300	A. Building B. Wing	05/23/2024

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Heritage Hall King George	10051 Foxes Way King George, VA 22485

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 - Immediate jeopardy to resident health or safety Residents Affected - Few	On the morning of 5/23/24, an interview was conducted with Resident #1. Resident #1 was asked, When did you return to the facility. Resident #1 responded that he returned yesterday evening. When asked what caused the hospitalization , Resident #1 stated, It was because I was left in the tub for a long time. I only remember getting in the tub then the next thing I remember was waking up in the hospital. When asked, Do you enjoy whirlpool baths, Resident #1 stated, It does feel good on my bones. Resident #1 was asked if there was any fear of being left in the tub or hesitation about using the whirlpool and Resident #1 said, No that doesn't scare me now because I have been told it won't happen again. The facility Administrator and Director of Nursing were made aware of the identification of IJ on 5/22/24 at 12:55 PM. The date the IJ started was on 5/19/24. Following verification of the implementation of the facility's immediacy removal plan, the IJ was removed on 5/23/24 at 11:15 AM. On 5/22/24 at 5:23 PM, the facility submitted an accepted IJ removal plan which read as follows: The Staff member that placed the resident in the bathroom received one on one education regarding safety and supervision of residents during bathing in the shower room. The CNA was removed from the schedule upon discovery of the cause of the incident. The resident's attending physician has been notified of the incident. The resident was admitted to the hospital. All other residents at risk, independent and / or supervision in ADL of bathing, transferring, will have their closet care plan reviewed to ensure it is clarified they are not to be left alone in the shower room, per policy resident in the shower room must have supervision at all times. The facility 's bath, shower/ tub policy and procedure has been reviewed no changes were warranted at this time. All facility nursing staff have been in serviced on safe practices during bathing to include residents must be supervised during bathing while in the shower room at all times by a staff member and educated on every 2-hour rounding to ensure ADL needs are addressed and location is verified. Education will be completed for each person prior to next scheduled shift. The Administrator is responsible for maintaining compliance. The DON and or designee will observe resident bathing times twice weekly to monitor for compliance and confirm that residents are always supervised during bathing in the shower room. Any negative findings will be addressed at the time of discovery and appropriate disciplinary action taken. Detailed findings of these results will be reported to the Quality Assurance Committee for review, analysis, and recommendations for changes in facility policy, procedure and/or practice. (continued on next page)

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	495300	A. Building B. Wing	05/23/2024

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Heritage Hall King George	10051 Foxes Way King George, VA 22485

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 - Immediate jeopardy to resident health or safety Residents Affected - Few	On 5/23/24 at 11:15 AM, the survey team verified that IJ immediacy removal plan dated 5/22/24 at 5:23 PM was implemented, thus the immediacy removed. The surveyor reviewed the facility policy and procedures regarding bathing and showering of residents, and regarding the rounding every 2 hours of all residents and reviewed the in-service sign-off sheets for education content and staff signatures. The surveyor then conducted interviews with scheduled staff: two (2) RNs, nine (9) LPNs, two (2) LPN Unit Managers, 14 CNAs as well as the Director of Nursing and the Assistant Director of Nursing. All interviewed staff were able to verbalize the facility's policy and expectations regarding not leaving residents unattended or unsupervised in the bathing or shower areas and policy regarding rounding on residents every 2 hours to verify resident condition and location. On 5/23/24 during the end-of-day meeting, the IJ issue was reviewed with the Administrator and no further information was provided before survey exit.

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	495300	A. Building B. Wing	05/23/2024

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Heritage Hall King George	10051 Foxes Way King George, VA 22485

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 0760 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Ensure that residents are free from significant medication errors. 40026 Based on interview, clinical record review and facility documentation the facility staff failed to ensure that residents are free from significant medication errors for 1 Resident (#10) in a survey sample of 5 Residents. The findings included: For Resident #1 the facility staff failed to hold the blood pressure medications according to the parameters listed in the order. On 5/22/24 a review of the clinical record revealed that Resident #1 had the following orders: Hydralazine HCl Oral Tablet 25 MG Give 1 tablet by mouth every 8 hours related to essential hypertenson. Hold if SBP less than 110 -Start Date- 02/01/2024. Isosorbide Dinitrate Oral Tablet 20 MG (Isosorbide Dinitrate) Give 1 tablet by mouth every 8 hours related to essential hypertension. Hold if SBP [systolic blood pressure] less than 110 -Start Date- 02/01/2024. A review of the MAR (Medication Administration Record) Resident #1 was administered both hydralazine and Isosorbide Dinitrate on the following dates when his blood pressure was below 110: 3/13/24 -108/55 at 6 am 3/17/24 - 108/53 at 6 am 3/18/24 101/54 at 6 am 3/20/24 105/56 at 6 am 3/20/24 - 105/56 at 10 pm 3/21/24 - 104/55 at 6am 3/28/24 - 105/55 at 6 am 3/31/24 - 97/45 at 6am and 97/45 at 2pm (*Note the same blood pressure was entered twice) 4/3/24 - 108/54 6 am 4/12/24 102/58 at 6 am 4/17/24 108/53 at 6 am 4/25/24 104/50 at 10 pm (continued on next page)

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	495300	A. Building B. Wing	05/23/2024

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Heritage Hall King George	10051 Foxes Way King George, VA 22485

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 0760 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	5/1/24 -106/55 at 6 am 5/5/24 - 108/55 at 6 am 5/11/24 - 101/54 at 6 am, 104/55 at 2 pm, and 106/72 at 10 pm 5/11/24 - 104/55 at 2 pm 5/12/24 - 108/60 at 10 pm On 5/23/24 at 2:00 pm an interview was conducted with LPN D who was asked what the significance of parameters on a blood pressure are and she stated it was to be sure that the Resident only received the medication when his or her blood pressure was high. When asked what the danger is if it is given out of the parameters, LPN D stated the Resident's blood pressure could drop suddenly and he or she could fall or faint or become dizzy. A review of the facility policy for Medication Administration read: Medication Administration Policy Statement: Medications are administered in a safe and timely manner, and as prescribed. 4. Medications are administered in accordance with prescriber orders including any required timeframes. On 5/23/24 during the end of day meeting the Administrator was made aware of the findings and no further information was provided. 2. For Resident #2 the facility staff failed to administer midodrine (a medication that raises blood pressure) according to the parameters in the physician orders. On 5/23/24 a review of the clinical record revealed that Resident #2 had orders that read: Midodrine HCl Oral Tablet 10 MG Give 0.5 tablet by mouth three times a day for Hypotension Systolic BP less than 120. Start Date- 05/14/2024 On 5/22/24 the order was changed to read: Midodrine HCl Oral Tablet 10 MG (Midodrine HCl) Give 0.5 tablet by mouth three times a day for Hypotension Hold for SBP >139. Start Date- 05/22/2024. For the first order to give for systolic bp less than 120, midodrine was signed off in the MAR (Medication Administration Record) as being given as follows: 5/14/24 - 9am 125/68 and 1pm 144/58 5/16/24 - 9 am 134/69 5/19/24 - 1 pm 146/70 (continued on next page)

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	495300	A. Building B. Wing	05/23/2024

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Heritage Hall King George	10051 Foxes Way King George, VA 22485

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 0760 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	5/20/24 - 1pm 146/68 5/22/24 - 9 am 159/77 For the second order to hold midodrine for spb more than 139, midodrine was entered into the MAR as being given as follows: 5/22/24 - 9 pm 143/67 5/23/24 - 9 am 138/80 On 5/23/24 an interview was conducted with LPN D who was asked what the significance of parameters on a blood pressure are and she stated it was to be sure that the Resident only received the medication when his or her blood pressure was high. When asked what the danger is if it is given out of the parameters, LPN D stated the Resident's blood pressure could drop suddenly and he or she could fall or faint or become dizzy. A review of the facility policy for Medication Administration read: Medication Administration Policy Statement: Medications are administered in a safe and timely manner, and as prescribed. On 5/23/24 during the end of day meeting the Administrator was made aware of the findings and no further information was provided.