STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	495311	A. Building B. Wing	06/10/2026

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Our Lady of Hope Health Center	13700 North Gayton Road Richmond, VA 23233

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 resident interview, staff interviews, facility document review and clinical record review, the facility staff failed to acquire medications for administration for one of nine residents in the survey sample, Resident #103The findings include: For R103 the facility staff failed to administer the physician ordered medication Fish Oil Oral Capsule (supplement) on 6/2/26 and 6/7/26. A review of R103's clinical record revealed a physician's order dated 4/8/26 for Fish Oil Oral Capsule 1000 MG (milligrams) one time a day for supplement. A review of R103's June 2026 MAR (medication administration record) revealed the same physician's order for Fish Oil Oral capsule. On 6/2/26 and 6/7/26, the MAR documented the code, 9=Other/See Progress Notes. Nurses' notes dated 6/2/26 and 6/7/23 documented, Medication not available. A review of the facility backup medication supply list revealed it was not stocked in supply. An interview was conducted on 6/8/26 at 11:30 AM with R103 who stated, there is a problem with me receiving my medications here, I just don't understand it. The most recent MDS (minimum data set), an admission assessment with an ARD (assessment reference date) of 4/13/26, the resident scored 15 out of 15 on the BIMS (brief interview for mental status), indicating the resident was cognitively intact for making daily decisions.An interview was conducted on 6/9/26 at 2:20 PM with LPN (Licensed Practical Nurse) #1. LPN #1 stated medications should be re-ordered from the pharmacy when seven pills are remaining. LPN #1 stated that when a medication is ordered and not available for administration, staff should check the emergency supply, call the pharmacy, notify the physician and the RP(responsible party). A review of the facility policy, Medication Shortage/Unavailable Medications, revealed, in part: upon discovery that facility has inadequate medication to administer to a resident, facility staff should immediately initiate action to obtain the medication from pharmacy. On 6/9/26 at 4:18 p.m., the administrator and Director of Nursing were made aware of the above findings.

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