

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  495316	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED  02/07/2025
NAME OF PROVIDER OR SUPPLIER  Lynn Care Center		STREET ADDRESS, CITY, STATE, ZIP CODE  1000 Shenandoah Avenue Front Royal, VA 22630	

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 staff interview, facility document review and clinical record review, it was determined the facility staff failed to notify the physician and/or responsible party when medications were not administered for three of six residents in the survey sample, Residents #1, #3, and #4.</p> <p>The findings include:</p> <p>1. For Resident #1, the facility staff failed to notify the physician and the responsible party when medications were not available for administration.</p> <p>The physician orders dated 10/22/24 documented:</p> <p>1. Pantoprazole Sodium Oral Packet 40 MG (milligrams); Give 1 packet [NAME] G-Tube (gastrostomy) one time a day for gastrostomy status.</p> <p>2. Amantadine HCL (hydrochloride) Oral Solution 50 MG/5ML (milligrams per 5 milliliters); Give 10 ml via G-tube two times a day for epileptic seizures.</p> <p>3. Diltiazem HCL Oral Tablet 30 MG; Give 1 tablet via G-tube two times a day for HTN (high blood pressure), hold for SBP (systolic blood pressure) &amp;lt; (less than) 100 or HR (heart rate) &amp;lt; 60.</p> <p>4. Docusate Sodium Oral Liquid 50 MG/5ML; Give 10 ml via G-tube two times a day for constipation, hold for loose stools.</p> <p>5. Levetiracetam Oral Solution; Give 12.5 ml via G-tube two times a day for seizures.</p> <p>6. Oxybutynin Chloride Oral Tablet 5 MG; Give 1 tablet by mouth two times a day for bladder spasms.</p> <p>7. Vimpat Oral Solution 10 MG/ML; Give 10 ml via G-tube two times a day for seizure.</p> <p>8. Tizanidine HCL Oral Tablet 4 MG; Give 2 tablet via G-tube three times a day for spasticity.</p> <p>9. Propranolol HCL Oral Solution 20 MG/5ML; Give 5 ml via G-tube every 8 hours for tachycardia, hold for HR &amp;lt;70.</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
---	-------	-----------

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  495316	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED  02/07/2025
NAME OF PROVIDER OR SUPPLIER  Lynn Care Center		STREET ADDRESS, CITY, STATE, ZIP CODE  1000 Shenandoah Avenue Front Royal, VA 22630	
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>The October 2024 MAR (medication administration record) documented the above orders.</p> <p>On the following dates and times, the following medications were not administered. A 9 was documented on the MAR indicating, 9 indicates Other/See Progress Notes.</p> <ol style="list-style-type: none"> <li>1. Pantoprazole - 10/24/24 - 7:00 a.m. dose</li> <li>2. Amantadine - 1/22/24 - 9:00 p.m. dose and 1/23/24 - 9:00 a.m. dose</li> <li>3. Diltiazem - 1/22/24 - 9:00 p.m. dose and 1/23/24 - 9:00 a.m. dose</li> <li>4. Docusate - 1/22/24 - 9:00 p.m. dose and 1/23/24 at 9:00 a.m. dose</li> <li>5. Levetiracetam - 1/22/24 - 9:00 p.m. dose and 1/23/24 - 9:00 a.m. dose</li> <li>6. Oxybutynin - 1/22/24 - 9:00 p.m. dose</li> <li>7. Vimpat - 1/22/24 - 9:00 p.m. dose; 1/23/24 - 9:00 a.m. and 9:00 p.m. dose; 1/24/24 - 9:00 a.m. dose.</li> <li>8. Tizanidine - 1/22/24 - 9:00 a.m. dose</li> <li>9. Propranolol - 1/22/24 - 10:00 p.m. dose and 1/23/24 - 6:00 a.m. dose.</li> </ol> <p>The nurse's note dated 1/23/24 at 1:50 a.m. for all the medications for 1/22/24 9:00 p.m. or 10:00 p.m. doses documented, On order from RX (pharmacy).</p> <p>The nurse's note dated 1/23/24 at 5:05 a.m. documented for the Propranolol, On order, not in Omnicell (back up pharmacy system in facility).</p> <p>The nurse's note dated 1/23/24 at 11:09 a.m. documented for all of the medications due on 1/23/24 at 9:00 a. m., Awaiting pharmacy. Have contacted pharmacy.</p> <p>The nurse's note dated 1/23/24 at 11:13 p.m. documented for the Vimpat, on order.</p> <p>The nurse's note dated 1/24/24 at 1:03 p.m., documented, On order, not available in Omnicell.</p> <p>There was no documentation the nurses called the physician and the responsible party to inform them the above medications were not administered.</p> <p>(continued on next page)</p>		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  495316	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED  02/07/2025
NAME OF PROVIDER OR SUPPLIER  Lynn Care Center		STREET ADDRESS, CITY, STATE, ZIP CODE  1000 Shenandoah Avenue Front Royal, VA 22630	
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>On 2/7/25 at 3:25 p.m., An interview was conducted with LPN (licensed practical nurse) #1. When asked the process for getting medications for a new admission, LPN #1 stated, The nurse puts the orders into the computer and that sends them to the pharmacy. The pharmacy is in another state, and the medications don't come right away. If it's time for administration, and the medications are not here, the nurse should check the Omnicell. If it's not there they should call the pharmacy and have them sent to the facility right away. The pharmacy will contact a local pharmacy and have them sent from there, if they have them. If the medications are still not here, the nurse needs to call the nurse practitioner or after-hours provider and get orders to hold until available or get new orders for medications that we can get. The nurse needs to contact the responsible party and let them know the situation with the medications also. All of this should be documented in a progress/nurse's note.</p> <p>The facility policy, Unavailable Medications documented in part, The facility must take every effort to ensure that medications are available to meet the needs of each resident .The nursing staff shall: 1. Notify the attending physician (or on-call physician when applicable) of the situation and explain the circumstances, expected availability, and alternative therapy available.</p> <p>ASM (administrative staff member) #1, the administrator, ASM #2, the director of nursing and ASM #3, regional nurse consultant, were made aware of the above concern on 2/7/25 at 5:30 p.m.</p> <p>No further information was provided prior to exit.</p> <p>References:</p> <p>(1) Pantoprazole is used to treat damage from gastroesophageal reflux disease (GERD), a condition in which backward flow of acid from the stomach causes heartburn and possible injury of the esophagus. This information was obtained from the following website: <a href="https://medlineplus.gov/druginfo/meds/a601246.html">https://medlineplus.gov/druginfo/meds/a601246.html</a>.</p> <p>(2) Amantadine is used to treat the symptoms of Parkinson's disease (PD; a disorder of the nervous system that causes difficulties with movement, muscle control, and balance) and other similar conditions. This information was obtained from the following website: <a href="https://medlineplus.gov/druginfo/meds/a682064.html">https://medlineplus.gov/druginfo/meds/a682064.html</a>.</p> <p>(3) Diltiazem is used to treat high blood pressure and to control angina (chest pain). This information was obtained from the following website: <a href="https://medlineplus.gov/druginfo/meds/a684027.html">https://medlineplus.gov/druginfo/meds/a684027.html</a>.</p> <p>(4) Docusate Sodium -Stool softeners are used on a short-term basis to relieve constipation by people who should avoid straining during bowel movements because of heart conditions, hemorrhoids, and other problems. They work by softening stools to make them easier to pass. This information was obtained from the following website: <a href="https://medlineplus.gov/druginfo/meds/a601113.html">https://medlineplus.gov/druginfo/meds/a601113.html</a>.</p> <p>(5) Levetiracetam is used alone and along with other medications to control partial-onset seizures (seizures that involve only one part of the brain) in adults, children, and infants 1 month of age or older. This information was obtained from the following website: <a href="https://medlineplus.gov/druginfo/meds/a699059.html">https://medlineplus.gov/druginfo/meds/a699059.html</a>.</p> <p>(continued on next page)</p>		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  495316	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED  02/07/2025
NAME OF PROVIDER OR SUPPLIER  Lynn Care Center		STREET ADDRESS, CITY, STATE, ZIP CODE  1000 Shenandoah Avenue Front Royal, VA 22630	
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>(6) Oxybutynin is used to treat overactive bladder (a condition in which the bladder muscles contract uncontrollably and cause frequent urination, urgent need to urinate, and inability to control urination) in certain adults and children. This information was obtained from the following website: <a href="https://medlineplus.gov/druginfo/meds/a682141.html">https://medlineplus.gov/druginfo/meds/a682141.html</a></p> <p>(7) Lacosamide (Vimpat) is used to control partial onset seizures (seizures that involve only one part of the brain). Lacosamide is also used in combination with other medications to control primary generalized tonic-clonic seizures. This information was obtained from the following website: <a href="https://medlineplus.gov/druginfo/meds/a609028.html">https://medlineplus.gov/druginfo/meds/a609028.html</a>.</p> <p>(8) Tizanidine is used to relieve the spasms and increased muscle tone caused by multiple sclerosis (MS, a disease in which the nerves do not function properly, and patients may experience weakness, numbness, loss of muscle coordination and problems with vision, speech, and bladder control), stroke, or brain or spinal injury. This information was obtained from the following website: <a href="https://medlineplus.gov/druginfo/meds/a601121.html">https://medlineplus.gov/druginfo/meds/a601121.html</a>.</p> <p>(9) Propranolol is used alone or in combination with other medications to treat high blood pressure. This information was obtained from the following website: <a href="https://medlineplus.gov/druginfo/meds/a682607.html">https://medlineplus.gov/druginfo/meds/a682607.html</a>.</p> <p>2. For Resident #3, the facility staff failed to notify the physician and responsible party when medications were not available for administration.</p> <p>The physician order dated 1/18/25, documented, Banatrol plus Oral Packet (banana flakes); Give 1 packet via G - tube (gastrostomy tube) one time a day for diarrhea. The physician order dated 1/4/25, documented, Ferrous Sulfate Oral Solution 300 Mg/5ML (milligrams per five milliliters); Give 5 ml via G-Tube one time a day every other day for anemia.</p> <p>The January 2025 and February 2025 MAR (medication administration record) documented the above orders. On 1/10/25, 1/12/25 and 1/14/25, a 9 was documented in the block for the documentation of administration of the Ferrous Sulfate at 9:00 a.m. A 9 indicates Other/See Progress Notes. On 1/19/25 at 3:00 p.m. the Banatrol was documented with a 9 in the block for administration. On 2/7/25 at 3:00 p.m. the Banatrol was documented with a 9 in the block for administration.</p> <p>Review of the nurse's notes dated 1/10/25 at 10:38 a.m. documented, Med (medication) not available, on order from pharmacy from EMR (electronic medical record). The nurse's note dated 1/12/25 at 10:04 a.m. documented, na. The nurse's note dated 1/14/25 at 1:40 p.m. documented, Med not available, ordered through pharmacy. The nurse's note dated, 1/19/25 at 3:57 p.m. documented, Medication unavailable, NP (nurse practitioner) notified. The nurse's note dated 2/7/25 at 10:24 a.m. documented, Medication on order from pharmacy. There was no documentation the nurses called the physician and the responsible party to inform them the above medications were not administered.</p> <p>On 2/7/25 at 3:25 p.m., An interview was conducted with LPN (licensed practical nurse) #1, When asked what a nurse is to do when a medication is not available for administration, LPN #, The nurse should check the medication cart, check the Omnicell, call the pharmacy. If still not available, the nurse should call the doctor/nurse practitioner and follow their recommendations. LPN #1 stated, after the nurse speaks to the doctor and gets orders, they need to notify the responsible party and document it all in the medical record.</p> <p>(continued on next page)</p>		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  495316	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED  02/07/2025
NAME OF PROVIDER OR SUPPLIER  Lynn Care Center		STREET ADDRESS, CITY, STATE, ZIP CODE  1000 Shenandoah Avenue Front Royal, VA 22630	
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>ASM (administrative staff member) #1, the administrator, ASM #2, the director of nursing and ASM #3, regional nurse consultant, were made aware of the above concern on 2/7/25 at 5:30 p.m.</p> <p>No further information was provided prior to exit.</p> <p>3. For Resident #4, the facility staff failed to notify the physician and the responsible party when medications were not available for administration.</p> <p>The physician orders dated 1/14/25, documented:</p> <ol style="list-style-type: none"> <li>1. Sennosides Oral Syrup 8.8 MG/5ML; Give 5 ml via G-tube at bedtime for BM (bowel movement) regimen.</li> <li>2. Budesonide Inhalation Suspension 0.5 MG/2ML; Give 2 ml via trach (tracheostomy) two times a day for respiratory failure.</li> <li>3. Humulin 70/30 Suspension 100UNIT/ML (insulin NPH Isophane &amp; Regular); Inject 12 unit subcutaneously two times a day for T2DM (type 2 diabetes mellitus).</li> <li>4. Glycopyrrolate Oral Tablet 1 MG; Give 1 tablet via G-tube every 8 hours for secretions.</li> </ol> <p>The January 2025 MAR (medication administration record) documented the above orders.</p> <p>On the following dates and times, the following medications were not administered. A 9 was documented on the MAR indicating, 9 indicates Other/See Progress Notes.</p> <ol style="list-style-type: none"> <li>1. Sennoside Oral Syrup - 1/14/25, 1/17/25, 1/18/25, and 1/19/25 at 9:00 p.m.</li> <li>2. Budesonide Inhalation Suspension - 1/14/25 at 9:00 p.m.</li> <li>3. Humulin 70/30 - 1/14/25 at 8:00 p.m.</li> <li>4. Glycopyrrolate Oral Tablet - 1/14/25 at 10:00 p.m. and 1/15/25 at 6:00 a.m.</li> </ol> <p>The nurse's note dated, 1/14/25 at 11:07 p.m. documented, Sennosides Oral Syrup - On order.</p> <p>The respiratory therapist note dated, 1/14/25 at 10:52 p.m. documented, Budesonide -Medication not available to dispense to the patient.</p> <p>The nurse's note dated, 1/14/25 at Humulin 70/30 -1:45 p.m. documented, On order.</p> <p>The nurse's note dated 1/14/25 at 11:06 p.m. - Glycopyrrolate - On order.</p> <p>The nurse's note dated 1/15/25 at 5:48 a.m. - Glycopyrrolate - On order, not available in Omnicell.</p> <p>There was no documentation the nurses called the physician and the responsible party to inform them the above medications were not administered.</p> <p>(continued on next page)</p>		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  495316	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED  02/07/2025
NAME OF PROVIDER OR SUPPLIER  Lynn Care Center		STREET ADDRESS, CITY, STATE, ZIP CODE  1000 Shenandoah Avenue Front Royal, VA 22630	
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>An interview was conducted with LPN (licensed practical nurse) #1, on 2/7/25 at 3:25 p.m. When asked the process for getting medications for a new admission, LPN #1 stated, The nurse puts the orders into the computer and that sends them to the pharmacy. The pharmacy is in another state, the medications don't come right away. If it's time for administration, and the medications are not here, the nurse should check the Omnicell. If it's not there they should call the pharmacy and have them sent to the facility right away. The pharmacy will contact a local pharmacy and have them sent from there, if they have them. If the medications are still not here, the nurse needs to call the nurse practitioner or after-hours provider and get orders to hold until available or get new orders for medications that we can get. The nurse needs to contact the responsible party and let them know the situation with the medications also. All of this should be documented in a progress/nurse's note.</p> <p>ASM (administrative staff member) #1, the administrator, ASM #2, the director of nursing and ASM #3, regional nurse consultant, were made aware of the above concern on 2/7/25 at 5:30 p.m.</p> <p>No further information was provided prior to exit.</p> <p>References:</p> <p>(1) Senna is in a class of medications called stimulant laxatives. It works by increasing activity of the intestines to cause a bowel movement. This information was obtained from the following website: <a href="https://medlineplus.gov/druginfo/meds/a601112.html">https://medlineplus.gov/druginfo/meds/a601112.html</a>.</p> <p>(2) Budesonide belongs to a class of medications called corticosteroids. It works by decreasing swelling and irritation in the airways to allow for easier breathing. This information was obtained from the following website: <a href="https://medlineplus.gov/druginfo/meds/a699056.html">https://medlineplus.gov/druginfo/meds/a699056.html</a>.</p> <p>(3) Human insulin is in a class of medications called hormones. Human insulin is used to take the place of insulin that is normally produced by the body. It works by helping move sugar from the blood into other body tissues where it is used for energy. It also stops the liver from producing more sugar. This information was obtained from the following website: <a href="https://medlineplus.gov/druginfo/meds/a682611.html">https://medlineplus.gov/druginfo/meds/a682611.html</a>.</p> <p>(4) Glycopyrrolate is in a class of medications called anticholinergics. It decreases stomach acid and saliva production by blocking the activity of a certain natural substance in the body. This information was obtained from the following website: <a href="https://medlineplus.gov/druginfo/meds/a602014.html">https://medlineplus.gov/druginfo/meds/a602014.html</a>.</p>		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  495316	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED  02/07/2025
NAME OF PROVIDER OR SUPPLIER  Lynn Care Center		STREET ADDRESS, CITY, STATE, ZIP CODE  1000 Shenandoah Avenue Front Royal, VA 22630	
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 0684</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Provide appropriate treatment and care according to orders, resident's preferences and goals.</p> <p>Based on staff interview, facility document review and clinical record review, it was determined the facility staff failed to administer medications/supplements per the physician order for two of six residents in the survey sample, Residents #3 and #4.</p> <p>The findings include:</p> <p>1. For Resident #3, the facility staff failed to administer Banatrol (1) and Ferrous Sulfate (2) per the physician orders.</p> <p>The physician order dated 1/18/25, documented, Banatrol plus Oral Packet (banana flakes); Give 1 packet via G - tube (gastrostomy tube) one time a day for diarrhea. The physician order dated 1/4/25, documented, Ferrous Sulfate Oral Solution 300 Mg/5ML (milligrams per five milliliters); Give 5 ml via G-Tube one time a day every other day for anemia.</p> <p>The January 2025 and February 2025 MAR (medication administration record) documented the above orders. On 1/10/25, 1/12/25 and 1/14/25, a 9 was documented in the block for the documentation of administration of the Ferrous Sulfate at 9:00 a.m. A 9 indicates Other/See Progress Notes. On 1/19/25 at 3:00 p.m. the Banatrol was documented with a 9 in the block for administration. On 2/7/25 at 3:00 p.m. the Banatrol was documented with a 9 in the block for administration.</p> <p>Review of the nurse's notes dated 1/10/25 at 10:38 a.m. documented, Med (medication) not available, on order from pharmacy from EMR (electronic medical record). The nurse's note dated 1/12/25 at 10:04 a.m. documented, na. The nurse's note dated 1/14/25 at 1:40 p.m. documented, Med not available, ordered through pharmacy. The nurse's note dated, 1/19/25 at 3:57 p.m. documented, Medication unavailable, NP (nurse practitioner) notified. The nurse's note dated 2/7/25 at 10:24 a.m. documented, Medication on order from pharmacy.</p> <p>An interview was conducted with LPN (licensed practical nurse) #1, on 2/7/25 at 3:25 p.m. When asked what a nurse is to do when a medication is not available for administration, LPN #1 stated the nurse should check the medication cart, check the Omnicell, call the pharmacy. If still not available, the nurse should call the doctor/nurse practitioner and follow their recommendations. LPN #1 stated, after the nurse speaks to the doctor and gets orders, they need to notify the responsible party and document it all in the medical record. When asked about Banatrol and Ferrous Sulfate, LPN #1 stated the Banatrol is on the medication cart and the extra is in the clean utility room, and the Ferrous Sulfate is floor stock.</p> <p>An interview was conducted with OSM (other staff member) #1, the central supply staff member, on 2/7/25 at 4:15 p.m. When asked if they stock Banatrol, OSM #1 stated they stock it in the storage room on each unit and she has it in the central supply closet. She stated she could not remember a time when they have run out of it. Observation was made of the clean utility room on the unit where Resident #2 is, and there were 13 packs of Banatrol on the shelf.</p> <p>A second interview was conducted on 2/7/25 at 5:01 p.m. with LPN #1. She stated that she looked in the medication cart and found the Ferrous Sulfate in the cart. There was no date on the bottle of when it was opened but it was there for administration.</p> <p>(continued on next page)</p>		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  495316	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED  02/07/2025
NAME OF PROVIDER OR SUPPLIER  Lynn Care Center		STREET ADDRESS, CITY, STATE, ZIP CODE  1000 Shenandoah Avenue Front Royal, VA 22630	
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 0684</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>The facility policy, Unavailable Medications documented in part, The facility must take every effort to ensure that medications are available to meet the needs of each resident.</p> <p>ASM (administrative staff member) #1, the administrator, ASM #2, the director of nursing and ASM #3, regional nurse consultant, were made aware of the above concern on 2/7/25 at 5:30 p.m.</p> <p>No further information was provided prior to exit.</p> <p>(1) Banatrol - Manages chronic diarrhea and diarrhea from IBS-D, infections, medications, inflammatory bowel, loose stools, incontinence, C. diff, chemo and radiation, travelling and anxiety-related diarrhea. This information was obtained from the following website: <a href="https://store.medtrition.com/products/banatrol-plus">https://store.medtrition.com/products/banatrol-plus</a>.</p> <p>(2) Iron (ferrous fumarate, ferrous gluconate, ferrous sulfate) is used to treat or prevent anemia (a lower than normal number of red blood cells) when the amount of iron taken in from the diet is not enough. Iron is a mineral that is available as a dietary supplement. It works by helping the body to produce red blood cells. This information was obtained from the following website: <a href="https://medlineplus.gov/druginfo/meds/a682778.html">https://medlineplus.gov/druginfo/meds/a682778.html</a>.</p> <p>2. For Resident #4, the facility staff failed to administer Banatrol per the physician order.</p> <p>The physician order dated, 1/21/25, documented, Banatrol plus Oral Packet (Banana Flakes); Give 1 unit via G-tube two times a day for diarrhea.</p> <p>The January 2025 and February 2025 MAR (medication administration record) documented the above order. On 1/24/25, a 9 was documented for the 9:00 p.m. dose. A 9 indicates Other/See Progress Notes. On 2/7/25, a 5 was documented for the 9:00 a.m. dose. A 5 indicates Hold See Progress Note.</p> <p>The nurse's note dated, 1/24/25 at 8:49 p.m. documented, On order. The nurse's note dated, 2/7/25 at 8:56 a.m. documented, Medication on order from pharmacy.</p> <p>An interview was conducted with LPN (licensed practical nurse) #1, on 2/7/25 at 3:25 p.m. When asked what a nurse is to do when a medication is not available for administration, LPN #1 stated the nurse should check the medication cart, check the Omnicell, call the pharmacy. If still not available, the nurse should call the doctor/nurse practitioner and follow their recommendations. LPN #1 stated, after the nurse speaks to the doctor and gets orders, they need to notify the responsible party and document it all in the medical record. When asked about Banatrol, LPN #1 stated the Banatrol is on the medication cart and the extra is in the clean utility room.</p> <p>An interview was conducted with OSM (other staff member) #1, the central supply staff member, on 2/7/25 at 4:15 p.m. When asked if they stock Banatrol, OSM #1 stated they stock it in the storage room on each unit and she has it in the central supply closet. She stated she could not remember a time when they have run out of it. Observation was made of the clean utility room on the unit where Resident #2 is, and there were 13 packs of Banatrol on the shelf.</p> <p>ASM (administrative staff member) #1, the administrator, ASM #2, the director of nursing and ASM #3, regional nurse consultant, were made aware of the above concern on 2/7/25 at 5:30 p.m.</p> <p>(continued on next page)</p>		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  495316	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED  02/07/2025
NAME OF PROVIDER OR SUPPLIER  Lynn Care Center		STREET ADDRESS, CITY, STATE, ZIP CODE  1000 Shenandoah Avenue Front Royal, VA 22630	

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 0684  Level of Harm - Minimal harm or potential for actual harm  Residents Affected - Few	No further information was provided prior to exit.

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  495316	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED  02/07/2025
NAME OF PROVIDER OR SUPPLIER  Lynn Care Center		STREET ADDRESS, CITY, STATE, ZIP CODE  1000 Shenandoah Avenue Front Royal, VA 22630	
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 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 staff interview, facility document review, and clinical record review, it was determined the facility staff failed to ensure medications were available for administration for two of six residents in the survey sample, Residents #1 and #4.</p> <p>The findings include:</p> <ol style="list-style-type: none"> <li>1. For Resident #1 (R1), the facility staff failed to ensure Pantoprazole (1), Amantadine (2), Diltiazem (3), Docusate (4), Levetiracetam (5), Oxybutynin (6), Vimpat (7), Tizanidine (8) and Propranolol (9) were available for the scheduled administration times.</li> </ol> <p>The nurse's note dated 10/22/24 at 3:45 p.m. documented in part, (R1) was admitted from nursing home via stretcher.</p> <p>The physician orders dated 10/22/24 documented:</p> <ol style="list-style-type: none"> <li>1. Pantoprazole Sodium Oral Packet 40 MG (milligrams); Give 1 packet [NAME] G-Tube (gastrostomy) one time a day for gastrostomy status.</li> <li>2. Amantadine HCL (hydrochloride) Oral Solution 50 MG/5ML (milligrams per 5 milliliters); Give 10 ml via G-tube two times a day for epileptic seizures.</li> <li>3. Diltiazem HCL Oral Tablet 30 MG; Give 1 tablet via G-tube two times a day for HTN (high blood pressure), hold for SBP (systolic blood pressure) &amp;lt; (less than) 100 or HR (heart rate) &amp;lt; 60.</li> <li>4. Docusate Sodium Oral Liquid 50 MG/5ML; Give 10 ml via G-tube two times a day for constipation, hold for loose stools.</li> <li>5. Levetiracetam Oral Solution; Give 12.5 ml via G-tube two times a day for seizures.</li> <li>6. Oxybutynin Chloride Oral Tablet 5 MG; Give 1 tablet by mouth two times a day for bladder spasms.</li> <li>7. Vimpat Oral Solution 10 MG/ML; Give 10 ml via G-tube two times a day for seizure.</li> <li>8. Tizanidine HCL Oral Tablet 4 MG; Give 2 tablet via G-tube three times a day for spasticity.</li> <li>9. Propranolol HCL Oral Solution 20 MG/5ML; Give 5 ml via G-tube every 8 hours for tachycardia, hold for HR &amp;lt; 70.</li> </ol> <p>The October 2024 MAR (medication administration record) documented the above orders.</p> <p>On the following dates and times, the following medications were not administered. A 9 was documented on the MAR indicating, 9 indicates Other/See Progress Notes.</p> <p>(continued on next page)</p>		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  495316	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED  02/07/2025
NAME OF PROVIDER OR SUPPLIER  Lynn Care Center		STREET ADDRESS, CITY, STATE, ZIP CODE  1000 Shenandoah Avenue Front Royal, VA 22630	
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 0755</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Some</p>	<ol style="list-style-type: none"> <li>1. Pantoprazole - 10/24/24 - 7:00 a.m. dose</li> <li>2. Amantadine - 1/22/24 - 9:00 p.m. dose and 1/23/24 - 9:00 a.m. dose</li> <li>3. Diltiazem - 1/22/24 - 9:00 p.m. dose and 1/23/24 - 9:00 a.m. dose</li> <li>4. Docusate - 1/22/24 - 9:00 p.m. dose and 1/23/24 at 9:00 a.m. dose</li> <li>5. Levetiracetam - 1/22/24 - 9:00 p.m. dose and 1/23/24 - 9:00 a.m. dose</li> <li>6. Oxybutynin - 1/22/24 - 9:00 p.m. dose</li> <li>7. Vimpat - 1/22/24 - 9:00 p.m. dose; 1/23/24 - 9:00 a.m. and 9:00 p.m. dose; 1/24/24 - 9:00 a.m. dose.</li> <li>8. Tizanidine - 1/22/24 - 9:00 a.m. dose</li> <li>9. Propranolol - 1/22/24 - 10:00 p.m. dose and 1/23/24 - 6:00 a.m. dose.</li> </ol> <p>The nurse's note dated 1/23/24 at 1:50 a.m. for all the medications for 1/22/24 9:00 p.m. or 10:00 p.m. doses documented, On order from RX (pharmacy).</p> <p>The nurse's note dated 1/23/24 at 5:05 a.m. documented for the Propranolol, On order, not in Omnicell (back up pharmacy system in facility).</p> <p>The nurse's note dated 1/23/24 at 11:09 a.m. documented for all of the medications due on 1/23/24 at 9:00 a. m., Awaiting pharmacy. Have contacted pharmacy.</p> <p>The nurse's note dated 1/23/24 at 11:13 p.m. documented for the Vimpat, on order.</p> <p>The nurse's note dated 1/24/24 at 1:03 p.m., documented, On order, not available in Omnicell.</p> <p>On 2/7/25 at 3:25 p.m. An interview was conducted with LPN (licensed practical nurse) #1, When asked the process for getting medications for a new admission, LPN #1 stated, The nurse puts the orders into the computer and that sends them to the pharmacy. The pharmacy is in another state, the medications don't come right away. If it's time for administration, and the medications are not here, the nurse should check the Omnicell. If it's not there they should call the pharmacy and have them sent to the facility right away. The pharmacy will contact a local pharmacy and have them sent from there, if they have them. If the medications are still not here, the nurse needs to call the nurse practitioner or after-hours provider and get orders to hold until available or get new orders for medications that we can get. The nurse needs to contact the responsible party and let them know the situation with the medications also. All of this should be documented in a progress/nurse's note. LPN #1 stated, The resident was admitted around 3:00 p.m., the medications should have come during the night so the resident wouldn't have missed the morning doses of their medications.</p> <p>(continued on next page)</p>		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  495316	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED  02/07/2025
NAME OF PROVIDER OR SUPPLIER  Lynn Care Center		STREET ADDRESS, CITY, STATE, ZIP CODE  1000 Shenandoah Avenue Front Royal, VA 22630	
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 0755</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Some</p>	<p>The facility policy, Unavailable Medications documented in part, The facility must take every effort to ensure that medications are available to meet the needs of each resident .The nursing staff shall: 1. Notify the attending physician (or on-call physician when applicable) of the situation and explain the circumstances, expected availability, and alternative therapy available.</p> <p>ASM (administrative staff member) #1, the administrator, ASM #2, the director of nursing and ASM #3, regional nurse consultant, were made aware of the above concern on 2/7/25 at 5:30 p.m.</p> <p>No further information was provided prior to exit.</p> <p>References:</p> <p>(1) Pantoprazole is used to treat damage from gastroesophageal reflux disease (GERD), a condition in which backward flow of acid from the stomach causes heartburn and possible injury of the esophagus. This information was obtained from the following website: <a href="https://medlineplus.gov/druginfo/meds/a601246.html">https://medlineplus.gov/druginfo/meds/a601246.html</a>.</p> <p>(2) Amantadine is used to treat the symptoms of Parkinson's disease (PD; a disorder of the nervous system that causes difficulties with movement, muscle control, and balance) and other similar conditions. This information was obtained from the following website: <a href="https://medlineplus.gov/druginfo/meds/a682064.html">https://medlineplus.gov/druginfo/meds/a682064.html</a>.</p> <p>(3) Diltiazem is used to treat high blood pressure and to control angina (chest pain). This information was obtained from the following website: <a href="https://medlineplus.gov/druginfo/meds/a684027.html">https://medlineplus.gov/druginfo/meds/a684027.html</a>.</p> <p>(4) Docusate Sodium -Stool softeners are used on a short-term basis to relieve constipation by people who should avoid straining during bowel movements because of heart conditions, hemorrhoids, and other problems. They work by softening stools to make them easier to pass. This information was obtained from the following website: <a href="https://medlineplus.gov/druginfo/meds/a601113.html">https://medlineplus.gov/druginfo/meds/a601113.html</a>.</p> <p>(5) Levetiracetam is used alone and along with other medications to control partial-onset seizures (seizures that involve only one part of the brain) in adults, children, and infants 1 month of age or older. This information was obtained from the following website: <a href="https://medlineplus.gov/druginfo/meds/a699059.html">https://medlineplus.gov/druginfo/meds/a699059.html</a>.</p> <p>(6) Oxybutynin is used to treat overactive bladder (a condition in which the bladder muscles contract uncontrollably and cause frequent urination, urgent need to urinate, and inability to control urination) in certain adults and children. This information was obtained from the following website: <a href="https://medlineplus.gov/druginfo/meds/a682141.html">https://medlineplus.gov/druginfo/meds/a682141.html</a></p> <p>(7) Lacosamide (Vimpat)is used to control partial onset seizures (seizures that involve only one part of the brain). Lacosamide is also used in combination with other medications to control primary generalized tonic-clonic seizures. This information was obtained from the following website: <a href="https://medlineplus.gov/druginfo/meds/a609028.html">https://medlineplus.gov/druginfo/meds/a609028.html</a>.</p> <p>(continued on next page)</p>		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  495316	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED  02/07/2025
NAME OF PROVIDER OR SUPPLIER  Lynn Care Center		STREET ADDRESS, CITY, STATE, ZIP CODE  1000 Shenandoah Avenue Front Royal, VA 22630	
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 0755</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Some</p>	<p>(8) Tizanidine is used to relieve the spasms and increased muscle tone caused by multiple sclerosis (MS, a disease in which the nerves do not function properly and patients may experience weakness, numbness, loss of muscle coordination and problems with vision, speech, and bladder control), stroke, or brain or spinal injury. This information was obtained from the following website: <a href="https://medlineplus.gov/druginfo/meds/a601121.html">https://medlineplus.gov/druginfo/meds/a601121.html</a>.</p> <p>(9) Propranolol is used alone or in combination with other medications to treat high blood pressure. This information was obtained from the following website: <a href="https://medlineplus.gov/druginfo/meds/a682607.html">https://medlineplus.gov/druginfo/meds/a682607.html</a>.</p> <p>2. For Resident #4, the facility staff failed to ensure Sennoside (1), Budesonide (2), Humulin 70/30 (3), and Glycopyrrolate (4) were available for the scheduled administration times.</p> <p>The nurse's note dated 1/14/25 at 6:53 p.m. documented in part, Pt (patient) arrived at facility at 1730 (5:30 p.m.) per transport.</p> <p>The physician orders dated 1/14/25, documented:</p> <ol style="list-style-type: none"> <li>Sennosides Oral Syrup 8.8 MG/5ML; Give 5 ml via G-tube at bedtime for BM (bowel movement) regimen.</li> <li>Budesonide Inhalation Suspension 0.5 MG/2ML; Give 2 ml via trach (tracheostomy) two times a day for respiratory failure.</li> <li>Humulin 70/30 Suspension 100UNIT/ML (insulin NPH Isophane &amp; Regular); Inject 12 unit subcutaneously two times a day for T2DM (type 2 diabetes mellitus).</li> <li>Glycopyrrolate Oral Tablet 1 MG; Give 1 tablet via G-tube every 8 hours for secretions.</li> </ol> <p>The January 2025 MAR (medication administration record) documented the above orders.</p> <p>On the following dates and times, the following medications were not administered. A 9 was documented on the MAR indicating, 9 indicates Other/See Progress Notes.</p> <ol style="list-style-type: none"> <li>Sennoside Oral Syrup - 1/14/25, 1/17/25, 1/18/25, and 1/19/25 at 9:00 p.m.</li> <li>Budesonide Inhalation Suspension - 1/14/25 at 9:00 p.m.</li> <li>Humulin 70/30 - 1/14/25 at 8:00 p.m.</li> <li>Glycopyrrolate Oral Tablet - 1/14/25 at 10:00 p.m. and 1/15/25 at 6:00 a.m.</li> </ol> <p>The nurse's note dated, 1/14/25 at 11:07 p.m. documented, Sennosides Oral Syrup - On order.</p> <p>The respiratory therapist note dated, 1/14/25 at 10:52 p.m. documented, Budesonide -Medication not available to dispense to the patient.</p> <p>The nurse's note dated, 1/14/25 at Humulin 70/30 -1:45 p.m. documented, On order.</p> <p>(continued on next page)</p>		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  495316	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED  02/07/2025
NAME OF PROVIDER OR SUPPLIER  Lynn Care Center		STREET ADDRESS, CITY, STATE, ZIP CODE  1000 Shenandoah Avenue Front Royal, VA 22630	
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 0755</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Some</p>	<p>The nurse's note dated 1/14/25 at 11:06 p.m. - Glycopyrrolate - On order.</p> <p>The nurse's note dated 1/15/25 at 5:48 a.m. - Glycopyrrolate - On order, not available in Omnicell.</p> <p>On 2/7/25 at 3:25 p.m., An interview was conducted with LPN (licensed practical nurse) #1, When asked the process for getting medications for a new admission, LPN #1 stated,The nurse puts the orders into the computer and that sends them to the pharmacy. The pharmacy is in another state, the medications don't come right away. If it's time for administration, and the medications are not here, the nurse should check the Omnicell. If it's not there they should call the pharmacy and have them sent to the facility right away. The pharmacy will contact a local pharmacy and have them sent from there, if they have them. If the medications are still not here, the nurse needs to call the nurse practitioner or after-hours provider and get orders to hold until available or get new orders for medications that we can get. The nurse needs to contact the responsible party and let them know the situation with the medications also. All of this should be documented in a progress/nurse's note. LPN #1 stated,For a new admission, the medications routinely arrive during the nighttime hours.</p> <p>ASM (administrative staff member) #1, the administrator, ASM #2, the director of nursing and ASM #3, regional nurse consultant, were made aware of the above concern on 2/7/25 at 5:30 p.m.</p> <p>No further information was provided prior to exit.</p> <p>References:</p> <p>(1) Senna is in a class of medications called stimulant laxatives. It works by increasing activity of the intestines to cause a bowel movement. This information was obtained from the following website: <a href="https://medlineplus.gov/druginfo/meds/a601112.html">https://medlineplus.gov/druginfo/meds/a601112.html</a>.</p> <p>(2) Budesonide belongs to a class of medications called corticosteroids. It works by decreasing swelling and irritation in the airways to allow for easier breathing. This information was obtained from the following website: <a href="https://medlineplus.gov/druginfo/meds/a699056.html">https://medlineplus.gov/druginfo/meds/a699056.html</a>.</p> <p>(3) Human insulin is in a class of medications called hormones. Human insulin is used to take the place of insulin that is normally produced by the body. It works by helping move sugar from the blood into other body tissues where it is used for energy. It also stops the liver from producing more sugar. This information was obtained from the following website: <a href="https://medlineplus.gov/druginfo/meds/a682611.html">https://medlineplus.gov/druginfo/meds/a682611.html</a>.</p> <p>(4) Glycopyrrolate is in a class of medications called anticholinergics. It decreases stomach acid and saliva production by blocking the activity of a certain natural substance in the body. This information was obtained from the following website: <a href="https://medlineplus.gov/druginfo/meds/a602014.html">https://medlineplus.gov/druginfo/meds/a602014.html</a>.</p>		