STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	495320	A. Building B. Wing	06/27/2024

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Heritage Hall Clintwood	1225 Clintwood Main Street, Route 607 Clintwood, VA 24228

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 0623 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Provide timely notification to the resident, and if applicable to the resident representative and ombudsman, before transfer or discharge, including appeal rights. 28169 Based on interviews and clinical record review the facility staff failed to provide a resident's responsible party with written information related to a discharge/transfer for one (1) of 22 sampled residents (Resident #34). The findings were: For Resident #34, facility staff failed to provide the responsible party (RP) with written notice of the resident's transfer to an emergency department. Resident #34's minimum data set with an assessment reference date of 01/16/24 assessed the resident as being rarely/never understood. The resident was assessed as having problems with short-term memory and long-term memory. The resident was assessed at continuously having behaviors of inattention and disorganized thinking. Resident #34's progress notes read the resident was transferred to a local hospital via ambulance service for evaluation of hyperglycemia (elevated blood sugar) on 03/07/24. Resident #34 was admitted to a different local hospital the same day with the diagnosis of hypernatremia (elevated sodium). The unit manager (licensed practical nurse - LPN #2) documented the RP was aware of the transfer however there was no evidence the RP was provided notification in writing. On 6/27/24 at 11:19 a.m., the unit manager, LPN #2, was interviewed and described the process of putting written information in a green folder that was sent with the resident to the hospital. The written information placed in the green folder included but was not limited to bed hold information. LPN #2 acknowledged not documenting what information was placed in the green folder and sent with the resident to the hospital but described this process as what staff always do with a transfer. The nurse was not aware of written transfer notification being sent to the RP. Resident #34 returned to the facility two (2) days after this hospital admission. Resident #34's admission record read the resident's responsible party was their adult child and adult grandchild. (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
	495320	A. Building B. Wing	06/27/2024

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Heritage Hall Clintwood	1225 Clintwood Main Street, Route 607 Clintwood, VA 24228

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 0623 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	The regional director of clinical services (RDCS), nurse consultant, and director of nursing (DON) were asked about written notification of the Resident #34's hospital transfer from 03/07/24. The nurse consultant provided written evidence of ombudsman notification. No evidence of written notification to the RP was provided. The survey team met with the DON, RDCS, and nurse consultant on 06/27/24 at 1:25 p.m. The surveyor discussed the lack of written evidence of RP notification of Resident #34's hospital transfer on 03/07/24. The written information provided in the green folder that accompanied Resident #34 to the hospital was discussed as was the fact that Resident #34 was not her own RP. No further information was provided prior to the exit conference.

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	495320	A. Building B. Wing	06/27/2024

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Heritage Hall Clintwood	1225 Clintwood Main Street, Route 607 Clintwood, VA 24228

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 0657 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Develop the complete care plan within 7 days of the comprehensive assessment; and prepared, reviewed, and revised by a team of health professionals. 28567 Based on observation, resident interview, staff interview and clinical record review, the facility staff failed to review and revise a comprehensive care plan (CCP) for 1 of 22 sampled residents, Resident #44. The findings included: The facility staff failed to review and revise Resident #44's CCP to indicate they would cover their nebulizer machine with clothing and other items. Resident #44's diagnoses included, but were not limited to, diabetes, chronic obstructive pulmonary disease, and obstructive sleep apnea. Section C (cognitive patterns) of Resident #44's quarterly minimum data set (MDS) assessment with an assessment reference date (ARD) of 04/05/24 included a brief interview for mental status (BIMS) score of 15 out of a possible 15 points. Resident #44's CCP included the focus areas of cardiovascular/respiratory. On 06/24/24 at 4:50 p.m., the surveyor observed Resident #44's nebulizer machine uncovered and sitting on top of a recliner in the residents room. This nebulizer machine was partially covered with clothing. Resident #44 stated the staff put it there. On 06/24/24 at 8:20 a.m., the surveyor observed Resident #44's nebulizer machine uncovered, in a recliner on top of clothing. On 06/26/24 at 2:05 p.m., during an interview with Licensed Practical Nurse (LPN) #2 this staff stated the nebulizer machine should have been covered. On 06/26/24 at 2:20 p.m., during an interview with the Infection Preventionist (IP) this staff stated the nebulizer was always placed in a bag after being used by the resident. The IP stated after Resident #44 was finished with their nebulizer they placed it in their recliner and would cover it up with clothing, snacks, etc . On 06/27/24 at 12:20 p.m., during an interview with LPN #6, this staff stated this resident was very much in their own mind and would throw the nebulizer onto the recliner and put stuff on top of it. During the record review the surveyor was unable to find any documentation regarding this behavior. (continued on next page)

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	495320	A. Building B. Wing	06/27/2024

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Heritage Hall Clintwood	1225 Clintwood Main Street, Route 607 Clintwood, VA 24228

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 0657 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	On 06/27/24 at 1:25 p.m., during a meeting with the Director of Nursing, Nurse Consultant, and Regional Director of Clinical Services the issue with Resident #44's CCP not being reviewed and revised to include the residents preference of placing the nebulizer uncovered, in their recliner, and placing items on top of it was reviewed. No further information regarding this issue was provided to the survey team prior to the exit conference.

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	495320	A. Building B. Wing	06/27/2024

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Heritage Hall Clintwood	1225 Clintwood Main Street, Route 607 Clintwood, VA 24228

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 - Some	Provide appropriate treatment and care according to orders, resident's preferences and goals. 28567 Based on staff interview, clinical record review, and facility document review, the facility staff failed to administer medications per the provider orders for 3 of 18 current residents, Resident #10, #44, and #292. The findings included: 1. For Resident #10, the facility nursing staff failed to administer the medication Gabapentin per the provider orders. Gabapentin is a controlled drug in the state of Virginia. Resident #10's diagnoses included, but were not limited to, cerebral palsy and neuropathy. Section C (cognitive patterns) of Resident #10's quarterly minimum data set (MDS) assessment with an assessment reference date (ARD) of 06/06/24 included a brief interview for mental status (BIMS) score of 15 out of a possible 15 points. Resident #10's comprehensive care plan included the focus area pain/comfort. Interventions included, but were not limited to, MEDS AS ORDERED. Resident #10's clinical record included a provider order for Gabapentin 300 mg every 8 hours for polyneuropathy. The clinical record included a progress note documented by the nursing staff on 05/30/24 at 5:40 a.m. that read, Gabapentin Oral Capsule 300 MG Give 1 capsule by mouth every 8 hours for polyneuropathy Unable to give not up from pharmacy needs a script to get it from the stat box. Pharmacy has been notified. A review of the backup medication list revealed that this medication would have been available in the backup supply for administration. The administrative staff provided the survey team with a copy of their policy titled, Medication Ordering and Receiving From Pharmacy Provider. This policy read in part, .Emergency pharmaceutical service is available on a 24-hour basis .Removal of controlled substances from Emergency Kit. Emergency verbal Schedule II-V [2-5] authorization for dispensing must conform to the following requirements. The prescribing practitioner determines .That immediate administration of the controlled substance is necessary, for the proper treatment of the intended ultimate user and, That no appropriate alternative treatment is available, including administration of a drug which is not a controlled substance; and That it is not reasonably possible for the practitioner to provide a written prescription to be presented to the person dispensing the substance prior to the dispensing . On 06/26/24 at 4:30 p.m., during an end of the day meeting with the Administrator, Director of Nursing, Regional Nurse, and Regional Director of Clinical Services the issue with the Gabapentin not being administered per orders was reviewed. (continued on next page)

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	495320	A. Building B. Wing	06/27/2024

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Heritage Hall Clintwood	1225 Clintwood Main Street, Route 607 Clintwood, VA 24228

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 - Some	No further information regarding this issue was provided to the survey team prior to the exit conference. 2. For Resident #44, the facility nursing staff failed to administer the medication Prednisone per the provider orders. Resident #44's diagnoses included, but were not limited to, diabetes, chronic obstructive pulmonary disease, and obstructive sleep apnea. Section C (cognitive patterns) of Resident #44's quarterly minimum data set (MDS) assessment with an assessment reference date (ARD) of 04/05/24 included a brief interview for mental status (BIMS) score of 15 out of a possible 15 points. Resident #44's clinical record included a provider order for Prednisone give 1 tablet by mouth two times a day for shortness of breath/acute chronic obstructive pulmonary disease exacerbation for 5 Days. The date of the order was documented as 06/20/24. The clinical record included a progress note dated 06/25/24 that read, predniSONE Oral Tablet 20 MG Give 1 tablet by mouth two times a day for shortness of breath/acute copd exacerbation for 5 Days Pending pharm, supply not available. A review of the backup medication list revealed that this medication would have been available in the backup supply for administration. The administrative staff provided the survey team with a copy of their policy titled, Medication Ordering and Receiving From Pharmacy Provider. This policy read in part, .Emergency pharmaceutical service is available on a 24-hour basis . On 06/26/24 at 4:30 p.m., during an end of the day meeting with the Administrator, Director of Nursing, Regional Nurse, and Regional Director of Clinical Services the issue with the Prednisone not being administered per orders was reviewed. No further information regarding this issue was provided to the survey team prior to the exit conference. 3. For Resident #292, the facility staff failed to administer the medication Gabapentin as ordered by the provider. Gabapentin is a controlled drug in the state of Virginia. Resident #292's diagnoses included, but were not limited to, chronic obstructive pulmonary disease, chronic pancreatitis, and post-traumatic stress disorder. Section C (cognitive patterns) of Resident #292's admission minimum data set (MDS) assessment with an assessment reference date (ARD) of 05/03/24 included a brief interview for mental status (BIMS) score of 15 out of a possible 15 points. Resident #292's clinical record included an order for Gabapentin oral capsule 300 MG 1 capsule by mouth every 8 hours for pain. The order date was documented as 06/04/24. (continued on next page)

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	495320	A. Building B. Wing	06/27/2024

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Heritage Hall Clintwood	1225 Clintwood Main Street, Route 607 Clintwood, VA 24228

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 - Some	On 06/05/24 the facility nursing staff documented Gabapentin Oral Capsule 300 MG Give 1 capsule by mouth every 8 hours for pain Resident does not have a card of this medication. A review of the backup medication list revealed that this medication would have been available in the backup supply for administration. The administrative staff provided the survey team with a copy of their policy titled, Medication Ordering and Receiving From Pharmacy Provider. This policy read in part, .Emergency pharmaceutical service is available on a 24-hour basis .Removal of controlled substances from Emergency Kit. Emergency verbal Schedule II-V [2-5] authorization for dispensing must conform to the following requirements. The prescribing practitioner determines .That immediate administration of the controlled substance is necessary, for the proper treatment of the intended ultimate user and, That no appropriate alternative treatment is available, including administration of a drug which is not a controlled substance; and That it is not reasonably possible for the practitioner to provide a written prescription to be presented to the person dispensing the substance prior to the dispensing . On 06/26/24 at 4:30 p.m., during an end of the day meeting with the Administrator, Director of Nursing (DON), Regional Nurse, and Regional Director of Clinical Services the issue with the Gabapentin not being administered per the providers orders was reviewed. The DON was asked the procedure for unavailable medications. The DON stated if a medication was not available the facility staff would call pharmacy and get a PIN number. Once they had obtained the PIN, they could then put the number into the Cubex (backup supply of medications). The DON stated all staff have access to the Cubex. No further information regarding this issue was provided to the survey team prior to the exit conference.

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	495320	A. Building B. Wing	06/27/2024

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Heritage Hall Clintwood	1225 Clintwood Main Street, Route 607 Clintwood, VA 24228

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 0693 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Ensure that feeding tubes are not used unless there is a medical reason and the resident agrees; and provide appropriate care for a resident with a feeding tube. 21227 Based on staff interviews, facility document review, and clinical record review, the facility staff failed to follow medical provider orders to check tube feeding residuals for one (1) of 18 sampled current residents (Resident #59). The findings include: The facility staff failed to check and record enteral feeding residuals for Resident #59. (Enteral feeding is a way to provide liquid nutrition to an individual's digestive system via a tube. The residual is the amount of liquid drained from the stomach of an individual receiving enteral feeding.) Resident #59's Minimum Data Set (MDS) assessment, with an Assessment Reference Date (ARD) of 5/30/24, was signed as completed on 5/31/24. Resident #59 was assessed as able to sometimes make self understood and as able to understand others. Resident #59's Brief Interview for Mental Status (BIMS) summary score was documented as a 15 out of 15; this indicated intact and/or borderline cognition. Resident #59 was assessed as dependent on others for eating, oral hygiene, toileting hygiene, dressing, personal hygiene, and bathing. Resident #59's clinical documentation included an order, with a start date of 11/1/23, (a) for enteral feeding and (b) to have residuals checked and documented every eight (8) hours. Resident #59's June 2024 Medication Administration Record (MAR) was reviewed on 6/26/24. This MAR included documentation to indicate Resident #59's enteral feeding residuals were checked every eight (8) hours but did not include documentation of the amount of the residuals. The following information was found in a facility document titled Checking Gastric Residual Volume (GRV) (with a revised date of November 2018): - The purpose of this procedure is to assess tolerance of enteral feeding and minimize the potential for aspiration. - The person performing this procedure should record the following information in the resident's medical record: . 2. The amount, if any, of gastric residual . (Aspiration is when a substance such as food or fluids inadvertently enters the lungs.) On 6/27/24 at 9:50 a.m., the Regional Director of Clinical Services confirmed the residuals had not been documented. On 6/27/24 at 1:24 p.m., the survey team met with the facility's Director of Nursing, Regional Director of Clinical Services, and Nurse Consultant. The surveyor discussed the failure of the facility staff to document the amount of Resident #59's tube feeding residuals.

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	495320	A. Building B. Wing	06/27/2024

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Heritage Hall Clintwood	1225 Clintwood Main Street, Route 607 Clintwood, VA 24228

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 0695 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Provide safe and appropriate respiratory care for a resident when needed. 28567 Based on observation, resident interview, staff interview, and clinical record review, the facility staff failed to administer Oxygen per the providers orders for 1 of 18 current residents, Resident #44. The findings included: The facility staff failed to provide Oxygen per the providers orders. Resident #44's Oxygen was observed to be at 3 and 3 1/2 liters a minute when the providers order was for 2 liters a minute. Resident #44's diagnoses included, but were not limited to, chronic obstructive pulmonary disease and obstructive sleep apnea. Section C (cognitive patterns) of Resident #44's quarterly minimum data set (MDS) assessment with an assessment reference date (ARD) of 04/05/24 included a brief interview for mental status (BIMS) score of 15 out of a possible 15 points. Resident #44's CCP included the focus areas of cardiovascular/respiratory. Interventions included, but were not limited to, Oxygen as ordered. Resident #44's clinical record included a provider order for Oxygen at 2 liters a minute via nasal cannula as needed for shortness of breath. The order date was documented as 05/30/24. On 06/24/24 at 4:50 p.m., Resident #44's Oxygen was observed by the surveyor to be set at 3 1/2 liters a minute. On 06/25/24 at 4:45 p.m., Resident #44's Oxygen was observed to be set at 2 liters a minute. On 06/26/24 at 8:55 a.m., Resident #44's Oxygen was observed to be at 3 liters a minute. Resident #44 stated the nursing staff set their Oxygen and they did not touch it. During an end of the day meeting on 06/26/24 at 4:30 p.m. with the Administrator, Director of Nursing, Nurse Consultant and Regional Director of Clinical Services the issue with Resident #44's Oxygen being set at the incorrect rate was reviewed. No further information regarding this issue was provided to the survey team prior to the exit conference.

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	495320	A. Building B. Wing	06/27/2024

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Heritage Hall Clintwood	1225 Clintwood Main Street, Route 607 Clintwood, VA 24228

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 0758 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Implement gradual dose reductions(GDR) and non-pharmacological interventions, unless contraindicated, prior to initiating or instead of continuing psychotropic medication; and PRN orders for psychotropic medications are only used when the medication is necessary and PRN use is limited. 21227 Based on staff interviews, facility document review, and clinical document review, the facility staff failed to monitor two (2) of 18 sampled current residents for side effects of psychotropic medications (Resident #23 and Resident #24). The findings include: 1. Resident #23's clinical record failed to provide evidence of the facility staff monitoring the resident for potential side effects related to the resident receiving psychotropic medications. (On 6/27/24, Resident #23's clinical record included medical provider orders for fluoxetine, trazodone, and bupropion; these are psychotropic medications.) Resident #23's Minimum Data Set (MDS) assessment, with an Assessment Reference Date (ARD) of 4/8/24, was signed as completed on 4/9/24. Resident #23 was assessed as able to make self understood and as able to understand others. Resident #23's Brief Interview for Mental Status (BIMS) summary score was documented as a 15 out of 15; this indicated intact and/or borderline cognition. Resident #23 was assessed as requiring assistance with toileting hygiene, dressing, and bathing. Resident #23's care plan included a 'focus' which addressed the use of psychotropic medications. This 'focus' included the goal that the resident would not have negative effects. This 'focus' included an intervention to notify a medical provider of any changes. The following information was found in a facility document titled Psychotropic Medication Use (with a revised date of July 2022): - Drugs in the following categories are considered psychotropic medications and are subject to prescribing, monitoring, and review requirements specific to psychotropic medications: a. Anti-psychotics; b. Anti-depressants; c. Anti-anxiety medications; and d. Hypnotics. - Residents receiving psychotropic medications are monitored for adverse consequences, including: a. anticholinergics effects - flushing, blurred vision, dry mouth, altered mental status, difficulty urinating, falls, excessive sedation and constipation; b. cardiovascular effects - irregular heart rate or pulse, palpitations, lightheadedness, shortness of breath, diaphoresis, chest/arm pain, increased blood pressure, orthostatic hypotension; c. metabolic effects - increased cholesterol and triglycerides, poorly controlled or unstable blood sugar, weight gain; d. neurologic effects - agitation, distress, extrapyramidal symptoms, neuroleptic malignant syndrome, Parkinsonism, tardive dyskinesia, cerebrovascular events; and e. psychosocial effects - inability to perform ADLs or interact with others, withdrawal or decline from usual social patterns, decreased engagement in activities, diminished ability to think or concentrate. (continued on next page)

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	495320	A. Building B. Wing	06/27/2024

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Heritage Hall Clintwood	1225 Clintwood Main Street, Route 607 Clintwood, VA 24228

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 0758 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	On 6/27/24 at 11:43 a.m., the Regional Director of Clinical Services (RDCS) confirmed Resident #23's clinical record did not contain evidence of monitoring for side effects related to psychotropic medication use. The RDCS reported this monitoring, if completed, would have been found on the Medication Administration Records (MARs). On 6/27/24 at 1:24 p.m., the survey team met with the facility's Director of Nursing, RDCS, and Nurse Consultant. The surveyor discussed the absence of documentation to indicate facility staff were monitoring Resident #23 for side effects related to the use of psychotropic medications. 2. Resident #24's clinical record failed to provide evidence of the facility staff monitoring the resident for potential side effects related to the resident receiving an antipsychotic medication. (Resident #24's clinical record included a medical provider order for quetiapine, an antipsychotic medication, with a start date of 6/10/24.) Resident #24's Minimum Data Set (MDS) assessment, with an Assessment Reference Date (ARD) of 6/11/24, was signed as completed on 6/12/24. Resident #24 was assessed as able to make self understood and as sometimes able to understand others. Resident #24 was assessed as having problems with both long-term memory and short-term memory. Resident #24 was assessed being dependent on others for toileting hygiene, dressing, personal hygiene, and bathing. Resident #24's care plan included a 'focus' which addressed the use of psychotropic medications. This 'focus' included the goal that the resident would not have adverse effects. This 'focus' included an intervention to notify a medical provider of any changes. The following information was found in a facility document titled Antipsychotic Medication Use (with a revised date of July 2022): Nursing staff shall monitor for and report any of the following side effects and adverse consequences of antipsychotic medications to the attending physician: a. General/anticholinergic: constipation, blurred vision, dry mouth, urinary retention, sedation; b. Cardiovascular: orthostatic hypotension, arrhythmias; c. Metabolic: increase in total cholesterol/triglycerides, unstable or poorly controlled blood sugar, weight gain; or d. Neurologic: akathisia, dystonia, extrapyramidal effects, akinesia; [sic] or tardive dyskinesia, stroke or TIA. On 6/27/24 at 11:26, the Regional Director of Clinical Services (RDCS) confirmed no documentation of the monitoring of side effects, related to the use of an antipsychotic medication, was found for Resident #24. On 6/27/24 at 1:24 p.m., the survey team met with the facility's Director of Nursing, RDCS, and Nurse Consultant. The surveyor discussed the absence of documentation to indicate facility staff were monitoring Resident #24 for side effects related to the use of an antipsychotic medication.

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	495320	A. Building B. Wing	06/27/2024

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Heritage Hall Clintwood	1225 Clintwood Main Street, Route 607 Clintwood, VA 24228

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 0842 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Safeguard resident-identifiable information and/or maintain medical records on each resident that are in accordance with accepted professional standards. 21227 Based on staff interviews and the review of clinical records, the facility staff failed to maintain complete and/or accurate clinical records for two (2) of 18 sampled current residents (Resident #87 and Resident #292). The findings include: 1. Resident #87's Durable Do Not Resuscitate (DDNR) form, dated 6/7/24, was incomplete. Resident #87's Minimum Data Set (MDS) assessment, with an Assessment Reference Date (ARD) of 6/9/24, was signed as completed on 6/10/24. Resident #87 was assessed as usually able to make self understood and as sometimes able to understand others. Resident #87 was assessed as having problems with both long-term memory and short term-memory. Resident #87 was assessed as requiring assistance with oral hygiene, toileting hygiene, personal hygiene, and bathing. The DDNR form has a section where the individual completing the form certifies that the resident is either capable or incapable of making an informed decision about providing, withholding, or withdrawing a specific medical treatment or course of medical treatment. This section was not answered by the individual completing Resident #87's DDNR Order form. The DDNR form has a section that is to be completed when the resident is determined to be incapable of making an informed decision about providing, withholding, or withdrawing a specific medical treatment or course of medical treatment . This section identifies by whom and/or under what authority the DDNR was issued for a resident who had been determined incapable in the aforementioned section. This section was not answered for Resident #87. On 6/27/24 at 1:24 p.m., the survey team met with the facility's Director of Nursing, Regional Director of Clinical Services, and Nurse Consultant. The surveyor discussed Resident #87's DDNR form being incomplete. 28567 2. Resident #292's Durable Do Not Resuscitate (DDNR) form was incomplete, sections 1 and 2 were left blank. Resident #292's diagnoses included, but were not limited to, chronic obstructive pulmonary disease, chronic pancreatitis, and post-traumatic stress disorder. Section C (cognitive patterns) of Resident #292's admission minimum data set (MDS) assessment with an assessment reference date (ARD) of 05/03/24 included a brief interview for mental status (BIMS) score of 15 out of a possible 15 points. The clinical record included the following. (continued on next page)

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	495320	A. Building B. Wing	06/27/2024

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Heritage Hall Clintwood	1225 Clintwood Main Street, Route 607 Clintwood, VA 24228

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 0842 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Order for a Do Not Resuscitate (DNR) dated 06/04/24. DDNR dated 05/02/24 signed by the physician and Resident #292. Section 1 and 2 of this document were incomplete. Section 1 of the DDNR read in part, I further certify [must check 1 or 2]: 1. The patient is CAPABLE of making an informed decision . 2. The patient is INCAPABLE of making an informed decision . The boxes beside #1 and #2 were blank. Section 2 read If you checked 2 above, check A, B, or C below: The three boxes below were blank. On 06/26/24 at 4:30 p.m., the Administrator, Director of Nursing, Regional Nurse Consultant, and Regional Director of Clinical Services were made aware of the issue regarding Resident #292's incomplete DDNR form. No further information regarding this issue was provided to the survey team prior to the exit conference.

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	495320	A. Building B. Wing	06/27/2024

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Heritage Hall Clintwood	1225 Clintwood Main Street, Route 607 Clintwood, VA 24228

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 0880 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Some	Provide and implement an infection prevention and control program. 28169 Based on observations, staff interviews, clinical record review, and facility document review facility staff failed to maintain an effective infection control and prevention program for three of four residents observed during medication pass and on two of two units (Resident #8, Resident #10, Resident #65). The findings were: 1. For Resident #8, Resident #10 and Resident #65, facility staff failed to perform hand hygiene prior to donning gloves or after removing gloves during medication administration observations. Surveyor observed licensed practical nurse (LPN #1) don gloves prior to assembling Resident #8's medications on 06/25/24 at 8:25 a.m. The nurse did not perform hand hygiene prior to donning gloves. LPN #1 performed hand hygiene with soap and water after removing the gloves. Surveyor observed licensed practical nurse (LPN #7) don gloves prior to assembling Resident #65's medications on 06/25/24 at 11:55 a.m. The nurse did not perform hand hygiene prior to donning gloves. LPN #7 administered the medications and after removing gloves, retrieved wipes from the locked medication cart and washed hands with the wipes. The nurse reported using the wipes between residents. LPN #7 donned gloves after using the wipes, assembled, and provided medications to Resident #10. After providing medications to Resident #10 and removing gloves, the nurse did not perform hand hygiene. The administrator provided the policy titled Handwashing/Hand Hygiene on 06/25/24. The policy read in part, 7. Use an alcohol-based hand rub containing at least 62% alcohol; or, alternatively, soap (antimicrobial or non-antimicrobial) and water for the following situations: . c. Before preparing or handling medications; . f. Before donning sterile gloves; . m. After removing gloves; . 9. The use of gloves does not replace hand washing/hand hygiene. Integration of glove use along with routine hand hygiene is recognized as the best practice for preventing healthcare-associated infections. The policy provided a 5-step procedure for applying and removing gloves, 1. Perform hand hygiene before applying non-sterile gloves . 5. Perform hand hygiene. On 06/27/24 at 1:25 p.m., the survey team met with the director of nursing (DON), regional director of clinical services (RDCS) and nurse consultant. The concern regarding hand hygiene before and/or after glove changes was discussed. 22218 2. The surveyor observed tray line service on 6/24/2024 at approximately 5:50 PM on the left side nursing units. A staff member wearing gloves entered room L10 to deliver a tray to Resident #43. There was a sign on the door denoting neutropenic precautions: See nurse before entering; surgical mask, gown, and gloves required. There was no publication source or reference on the notice. Another staff member wearing gloves entered L11 to deliver trays to Residents #18 and #22. Signs on that door denoted Contact Precautions and Enhanced Barrier Precautions. The employee was unable to tell the surveyor which type of precautions was appropriate for each resident. (continued on next page)

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	495320	A. Building B. Wing	06/27/2024

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Heritage Hall Clintwood	1225 Clintwood Main Street, Route 607 Clintwood, VA 24228

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 0880 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Some	The surveyor requested policies related to transmission-based precautions and received Infection Control Guidelines for All Nursing Procedures. The document referenced use of Standard Precautions in presence of blood, bodily fluids, secretions, and excretions. Transmission-based Precautions will be used whenever measures more stringent than Standard Precautions are needed to prevent the spread of infection. The policy did not define measures to be used for Enhanced Barrier Precautions, Contact Precautions or Neutropenic Precautions. The surveyor asked for the policy defining those precautions. On 6/26/24, the surveyor was advised that staff follow Centers for Disease Control (CDC) guidelines. 2007 Guideline for Isolation Precautions: Preventing Transmission of Infectious Agents in Healthcare Settings provided to the surveyor did define Contact Precautions, but did not address Enhanced Barrier Precautions or Neutropenic Precautions. The surveyor noted failure of policies to address the precautions. The administrator and director of nursing were made aware of the concern on 6/25/2024.