

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  495352	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED  03/06/2025
NAME OF PROVIDER OR SUPPLIER  Lee Health and Rehab Center		STREET ADDRESS, CITY, STATE, ZIP CODE 208 Health Care Drive Pennington Gap, VA 24277	

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 and clinical record review, the facility staff failed to ensure residents receive treatment and care in accordance with the comprehensive person-centered care plan and medical provider orders for 1 of 24 sampled residents, Resident #61.</p> <p>The findings included:</p> <p>For Resident #61, the facility staff failed to follow the medical provider's order for the administration of the narcotic pain medication Oxycodone.</p> <p>Resident #61's diagnosis list indicated diagnoses, which included, but not limited to Displaced Intertrochanteric Fracture of the Left Femur, End Stage Renal Disease, and Chronic Obstructive Pulmonary Disease.</p> <p>The most recent minimum data set (MDS) with an assessment reference date (ARD) of 2/21/25 assigned the resident a brief interview for mental status (BIMS) summary score of 10 out of 15 indicating the resident was moderately cognitively impaired.</p> <p>Resident #61's comprehensive person-centered care plan included a focus area stating [Resident #61] has potential for pain r/t [related to] left femur fracture and decreased mobility with an intervention dated 2/15/25 to Administer pain medication as ordered. Report s/s [signs/symptoms] negative side effects.</p> <p>Resident #61's current medical provider orders included an order dated 2/14/25 for Oxycodone HCL 10 mg by mouth every four (4) hours as needed for severe pain 7-10.</p> <p>A review of Resident #61's February 2025 and March 2025 Medication Administration Records (MARs) revealed the resident received Oxycodone for a pain intensity (PI) level below seven (7) on 17 separate occasions from 2/15/25 through 3/06/25.</p> <p>Oxycodone 10 mg was administered with a PI below seven (7) on:</p> <p>2/15/25 12:30 PM for PI of 1</p> <p>2/17/25 9:00 AM for PI of 4</p> <p>2/17/25 4:00 PM for PI of 4</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
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<p>F 0684</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>2/18/25 3:00 PM for PI of 1</p> <p>2/21/25 9:00 AM for PI of 4</p> <p>2/21/25 3:29 PM for PI of 4</p> <p>2/21/25 8:34 PM for PI of 5</p> <p>2/22/25 1:42 AM for PI of 5</p> <p>2/22/25 10:00 AM for PI of 4</p> <p>2/22/25 2:00 PM for PI of 4</p> <p>2/23/25 1:00 PM for PI of 4</p> <p>2/27/25 9:31 PM for PI of 5</p> <p>2/28/25 1:48 AM for PI of 5</p> <p>2/28/25 5:57 AM for PI of 5</p> <p>3/01/25 12:00 PM for PI of 5</p> <p>3/02/25 8:00 AM for PI of 4</p> <p>3/02/25 12:00 PM for PI of 4</p> <p>On 3/06/25 at 10:15 AM, surveyor spoke with the Administrator, Director of Nursing (DON), and Clinical Service Specialist and discussed the concern of staff administering Resident #61's Oxycodone outside of the ordered parameters.</p> <p>No further information regarding this concern was presented to the survey team prior to the exit conference on 3/06/25.</p>		

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<p>F 0812</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Procure food from sources approved or considered satisfactory and store, prepare, distribute and serve food in accordance with professional standards.</p> <p>Based on observation, staff interview and facility document review, the facility staff failed to store food in accordance with professional standards for food service safety in one of 3 resident refrigerators.</p> <p>The findings included:</p> <p>On 3/6/25 at 8:26 AM this surveyor checked the resident refrigerator on one of 3 units. The thermometer read 40 degrees. This surveyor noted an 8-ounce carton of Very Vanilla Soy Silk beverage with an expiration date of 12/19/24. This surveyor took the beverage to the Registered Dietician (RD) who stated, This isn't something we provide. It probably belonged to a patient who has been discharged . This surveyor pointed out that there was no name on the carton. The RD did verify the date and that the item was expired. This surveyor asked if dietary or nursing would have been responsible to check the date and discard the drink, they stated, I am not here all the time, so I hesitate to say, I don't want to give you the wrong information. They stated they would get the correct information to the survey team. This surveyor did request the food storage policy.</p> <p>On 3/6/25 at 11:15 AM the RD brought the policy and stated, according to our policy, dietary is supposed to check dates and maintain the nutrition room refrigerators. They stated that they did verify that the beverage did belong to a resident who had been discharged and would not be served to anyone else. This surveyor reiterated that there was no resident name on the carton. The RD stated the drink was discarded. With no name on the carton, there was no way to ensure staff would not have offered the beverage to another resident if this surveyor had not brought it to their attention.</p> <p>The policy entitled Outside Food and Storage of Food Brought in by Family or Visitors with a reviewed/revised date of 1/22/24 read in part, 2. All food items that are already prepared by the family or visitor brought in must be labeled with the patient's name and dated. a. The center may refrigerate labeled and dated prepared items in the nourishment refrigerator. b. Perishable food must be consumed by the patient within 3 days. c. If not consumed within 3 days, food will be thrown away by center staff.</p> <p>On 3/7/25 at 3:00 PM the survey team met with the Administrator, Regional Social Worker, the Clinical Services Specialist and the Director of Nursing. The above concern was discussed with them at that time.</p> <p>No further information was provided to the survey team prior to the exit conference.</p>		