STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	495356	A. Building B. Wing	08/29/2024

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Heritage Hall Blacksburg	3610 South Main Street Blacksburg, VA 24060

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 0580 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Immediately tell the resident, the resident's doctor, and a family member of situations (injury/decline/room, etc.) that affect the resident. 47299 Based on staff interview, record review and facility document review, the facility staff failed to notify the physician and/or responsible party of a significant change in the resident's physical, mental, or psychosocial status for one of 30 residents in the survey sample, resident #44. The findings included: The facility staff failed to notify resident # 44's responsible party of a significant weight loss. Resident # 44's diagnoses included but were not limited to gastroesophageal reflux disease (GERD), unspecified dementia with psychotic disturbance, major depressive disorder and anxiety disorder. The minimum data set (MDS) assessment with an assessment reference date (ARD) of 7/31/24 assigned the resident a brief interview for mental status (BIMS) score of 03 out of 15 indicating significant cognitive impairment. During a review of the clinical record surveyor noted a 11.50 % weight loss in 5 months. Resident # 44 weighed 127 pounds (lbs.) in March and on 8/22/24 their weight was recorded at 112.4 lbs. and on 8/29/24 was recorded at 111 lbs. (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
	495356	A. Building B. Wing	08/29/2024

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Heritage Hall Blacksburg	3610 South Main Street Blacksburg, VA 24060

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 0580 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	The progress notes for resident # 44 were reviewed. There were notes from the Registered Dietician (RD) at least monthly since March, regarding ongoing weight loss. On 3/14/24 % weight loss in 90 days and 10.6% in 180 days the note went on to give a recommendation, add house supplement 90 ml (milliliters) TID (three times daily) for addition 540 calories and will follow weights. Consult RD as needed. An RD noted dated 4/4/24 read in part, CBW (current body weight) 122.8# weight loss 13.5% in 90 days and 14% in 180 days which has been addressed with the addition of house supplement 90 ml TID. She had a UTI (urinary tract infection) in February which affected her weight and has DX (diagnosis) of dementia and depression. Diet is regular with 50% po (by mouth) intake which has declined. Observed at lunch meal and she is easily distracted and seems to do better with handheld items . RDS (resident's) profile updated with sandwich at lunch/dinner and I spoke with the therapy director about restorative dining. Consult RD as needed. On 5/23/24 another RD note read, CBW 116# weight loss 6# in 3 weeks and continues to trigger for weight loss 7.2% in 30 days, 8.7% in 90 days, 18.3% in 180 days. Restorative dining initiated to help increase po intake. House supplement 90 ml TID in place for nutritional supplementation. Note went on to recommend adding a nutritional shake at lunch and dinner. The most recent RD note was dated 8/22/24 and discussed a meeting with speech therapy and a recommendation to downgrade the diet order to mechanical soft with chopped meats. This surveyor was unable to locate a note in the clinical record that indicated resident # 44's responsible party (RP) had ever been notified of their ongoing significant weight loss. On 8/28/24 at 5:27 PM the survey team met with the Administrator, Assistant Administrator, Director of Nursing (DON), Nurse Consultant, and Regional Director of Clinical Services. This concern was discussed. Surveyor asked for evidence the RP had been notified of the weight loss. On 8/29/24 at 4:24 PM the DON stated that they were unable to verify the RP for resident # 44 had ever been notified of the weight loss. This surveyor confirmed with the nurse consultant if they would expect the RP to be notified of a significant weight loss and they stated that they would. The policy entitled, Change in a Resident's Condition or Status with a revised date of February 2021 was reviewed and read in part, Our facility promptly notifies the resident, his or her attending physician, and the resident representative of changes in the resident's medical/mental condition and/or status (e.g. changes in level of care, billing/payments, resident rights, etc.). Under the heading, Policy Interpretation and Implementation the policy read in part, 2. A significant change of condition is a major decline or improvement in the resident's status that: a. will not normally resolve itself without intervention by staff or by implementing standard disease related clinical interventions (is not self-limiting); b. impacts more than one area of the resident's health status; c. requires interdisciplinary review and/or revision to the care plan 4. Unless otherwise instructed by the resident, a nurse will notify the resident's representative when; b. there is a significant change in the resident's physical, mental, or psychosocial status. No further information 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
	495356	A. Building B. Wing	08/29/2024

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Heritage Hall Blacksburg	3610 South Main Street Blacksburg, VA 24060

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 0641 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Ensure each resident receives an accurate assessment. 34307 Based on staff interview, clinical record review and facility document review the facility staff failed to ensure an accurate minimum data set assessment for 2 of 3 closed record reviews, Resident #125 and Resident #127. The findings included: 1. For Resident #125 the facility staff incorrectly coded the resident's discharge status. Resident #125's face sheet listed diagnoses which included but not limited to obesity, encephalopathy, and anemia. Section A of Resident #125's discharge minimum data set (MDS) with an assessment reference date of 06/01/24 coded the resident as being discharged home. Resident #125's clinical record was reviewed and contained a nurse's progress note which read in part, 6/1/2024 17:50 Spoke with . (name omitted) at . (hospital name omitted) ED (emergency department) who stated rsd (resident) was being admitted and transferred to . (hospital name omitted) for CHF (congestive heart failure) per wife request to transfer. MD aware. RP (responsible party) aware. Surveyor spoke with MDS coordinator on 08/28/24 at 5:10 pm regarding Resident #125's MDS assessment. MDS coordinator stated that resident discharged to the hospital instead of home, and the MDS was incorrectly coded. MDS coordinator stated, It's just an error, and I will do a correction. The concern of the incorrectly coded MDS assessment was discussed with the administrator, assistant administrator, director of nursing, assistant director of nursing, regional nurse consultant, and regional director of clinical services on 08/28/24 at 5:30 pm. No further information was provided prior to exit. 2. For Resident #127 the facility staff incorrectly coded the resident's discharge status. Resident #127's face sheet listed diagnoses which included but not limited to hypothyroidism, dementia, and hypertension. Section A of Resident #127's discharge minimum data set (MDS) with an assessment reference date of 06/19/24 coded the resident as discharging to acute hospital. Resident #127's clinical record was reviewed and contained a nurse's progress note which read in part, 6/19/2024 22:05 discharged home. Surveyor spoke with MDS coordinator on 08/28/24 at 5:10 pm regarding Resident #125's MDS assessment. MDS coordinator stated that resident discharged to the hospital instead of home, and the MDS was incorrectly coded. MDS coordinator stated, It's just an error, and I will do a correction. (continued on next page)

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	495356	A. Building B. Wing	08/29/2024

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Heritage Hall Blacksburg	3610 South Main Street Blacksburg, VA 24060

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 0641 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	The concern of the incorrectly coded MDS assessment was discussed with the administrator, assistant administrator, director of nursing, assistant director of nursing, regional nurse consultant, and regional director of clinical services on 08/28/24 at 5:30 pm. No further information was provided prior to exit.

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	495356	A. Building B. Wing	08/29/2024

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Heritage Hall Blacksburg	3610 South Main Street Blacksburg, VA 24060

For information on the nursing home's plan to correct this deficiency, please contact the nursing home or the state survey agency.

(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (Each deficiency must be preceded by full regulatory or LSC identifying information)
F 0755 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Provide pharmaceutical services to meet the needs of each resident and employ or obtain the services of a licensed pharmacist. **NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 42353 Based on observation, staff interview, and clinical record review, the facility staff failed to ensure a medication was available for administration for 1 of 30 sampled residents (Resident #10). The findings included: For Resident #10, the facility staff failed to ensure Zofran, a medication used to treat nausea and vomiting, was available for administration. Resident #10's diagnosis list indicated diagnoses, which included, but not limited to Nausea and Vomiting, Generalized Abdominal Pain, Gastro-Esophageal Reflux Disease (GERD), Alzheimer's Disease, Guillain-Barre Syndrome, Chronic Obstructive Pulmonary Disease, and Chronic Ischemic Heart Disease. The most recent minimum data set (MDS) with an assessment reference date (ARD) of 7/11/24 assigned the resident a brief interview for mental status (BIMS) summary score of 15 out of 15 indicating the resident was cognitively intact. Resident #10's current comprehensive person-centered care plan included a focus area stating the resident had a history of GERD with an intervention to administer medications per orders. Resident #10's current provider orders included an order dated 10/28/23 for Zofran 4 mg by mouth every six hours as needed for nausea/vomiting. On 8/29/24 at 9:02 AM, during a medication administration observation, Resident #10 requested medication for an upset stomach. Licensed Practical Nurse (LPN) #6 was unable to locate the resident's Zofran in the medication cart. LPN #6 stated they would have to call the pharmacy to obtain the medication. On 8/29/24 at 1:06 PM, surveyor spoke with the pharmacy representative who stated 12 tablets of Zofran was delivered to the facility on [DATE] for Resident #10. According to the resident's July 2024 and August 2024 Medication Administration Records (MARs), since the delivery of the 12 tablets of Zofran on 7/23/24, only one dose had been administered which was on 8/11/24. On 8/29/24 at 4:22 PM, the survey team met with the Administrator, Assistant Administrator, Director of Nursing (DON), and the Regional Nurse and discussed the concern of the Zofran being unavailable when requested. The DON stated they believed the Zofran was removed from the medication cart during a MAR to cart check and the medication has now been received via a STAT delivery from the pharmacy. No further information regarding this concern was presented to the survey team prior to the exit conference on 8/29/24.

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	495356	A. Building B. Wing	08/29/2024

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Heritage Hall Blacksburg	3610 South Main Street Blacksburg, VA 24060

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 0757 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Ensure each resident's drug regimen must be free from unnecessary drugs. 49622 Based on staff interview, clinical record review, and facility document review, the facility staff failed to ensure 1 of 30 sampled residents was free of unnecessary medication, Resident #54. The findings include: For Resident #54 the facility staff failed to ensure the resident was free of an unnecessary medication, Hydralazine. (Hydralazine is a medication used to treat hypertension (high blood pressure)) Resident #54's diagnosis list indicated diagnoses that included, but were not limited to, Muscle Weakness, Cognitive Communication Deficit, Dementia, Atrial Fibrillation, Congestive Heart Failure, Hypertension (HTN), Peripheral Vascular Disease, and Cerebral Infarction (stroke). The most recent minimum data set (MDS) with an assessment reference date (ARD) of 6/12/24, assigned the resident a brief interview for mental status (BIMS) summary score of 10 out of 15 for cognitive abilities, indicating Resident #54 was moderately impaired in cognition. An active medical provider order dated 5/22/24 read in part, .Hydralazine 25 MG (milligrams) tablet orally two times a day for HTN Hold if Systolic (the pressure in your arteries when your heart beats and pumps blood out into the body. It's the first number in a blood pressure reading) is <120 . (less than 120) A review of the June 2024 MAR (medication administration record) revealed Resident #54 received the medication, Hydralazine, on the following dates with Systolic BP (blood pressure) documented as follows: 6/15/24 with a documented Systolic BP of 91 6/16/24 with a documented Systolic BP of 79 A review of the July 2024 MAR revealed Resident #54 received the medication, Hydralazine, on the following dates with Systolic BP documented as follows: 7/13/24 with a documented Systolic BP of 118 7/14/24 with a documented Systolic BP of 108 7/17/24 with no Systolic BP recorded A review of the August 2024 MAR revealed Resident #54 received the medication, Hydralazine, on the following dates with Systolic BP documented as follows: 8/21/24 with a documented Systolic BP of 103 8/23/24 with a documented Systolic BP of 118 (continued on next page)

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	495356	A. Building B. Wing	08/29/2024

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Heritage Hall Blacksburg	3610 South Main Street Blacksburg, VA 24060

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 0757 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	This concern was discussed at the end of day meeting with the administrator, director of nursing, assistant administrator, corporate nurse consultant, and regional director of clinical services on 8/28/24 at 5:27 PM and again at the pre-exit meeting on 8/29/24 at 4:22 PM. Surveyor requested and received a facility policy titled, Administering Medications, that read in part, . Medications are administered .as prescribed .4. Medications are administered in accordance with prescriber orders .6. Medication errors are documented, reported and reviewed .10. The individual administering the medication checks the label THREE (3) times to verify .the right dosage .of administration before giving the medication. 11. The following information is checked/verified for each resident prior to administering medications .b. Vital signs, if necessary . No further information regarding this concern was presented to the survey team prior to the exit conference on 8/29/24.

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	495356	A. Building B. Wing	08/29/2024

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Heritage Hall Blacksburg	3610 South Main Street Blacksburg, VA 24060

For information on the nursing home's plan to correct this deficiency, please contact the nursing home or the state survey agency.

(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (Each deficiency must be preceded by full regulatory or LSC identifying information)
F 0760 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Ensure that residents are free from significant medication errors. 42353 Based on staff interview, clinical record review, and facility document review, the facility staff failed to ensure residents are free of significant medication errors for 3 of 30 sampled residents (Resident #5, Resident #93, and Resident #108). The findings included: 1. For Resident #5, the facility staff failed to administer Lantus, Humalog, and Bactrim DS as ordered by the provider. Resident #5's diagnosis list indicated diagnoses, which included, but not limited to Type 2 Diabetes Mellitus, Chronic Kidney Disease, Heart Failure, and Chronic Obstructive Pulmonary Disease. The most recent minimum data set (MDS) with an assessment reference date (ARD) of 7/18/24 assigned the resident a brief interview for mental status (BIMS) summary score of 14 out of 15 indicating the resident was cognitively intact. Resident #5's current comprehensive person-centered care plan included a focus area stating the resident had a diagnosis of Type 2 Diabetes with an intervention to administer medications and insulin per orders. Resident #5's current provider orders included the following insulin orders: Lantus 30 units in the morning and 50 units at bedtime; Humalog 3 units before meals and at bedtime and additional Humalog per sliding scale before meals and at bedtime. A review of Resident #5's August 2024 Medication Administration Record (MAR) indicated Lantus 30 units was not administered at 6:00 AM as ordered on 8/05/24, 8/10/24, 8/13/24, and 8/20/24. Lantus 50 units was not administered on 8/06/24 at 8:00 PM. The MAR was coded with a 13 on 8/05/24, 8/13/24, and 8/20/24 indicating no insulin required, however the Humalog order did not include hold parameters and the clinical record did not include provider directions to hold the Lantus. Resident #5's 6:00 AM blood sugar readings were as follows: 8/05/24 92, 8/13/24 99, 8/20/24 82. The MAR was left blank for Lantus administration on 8/06/24 at 8:00 PM and 8/10/24 at 6:00 AM. Resident #5's MAR was also left blank for the administration of Humalog 3 units on 8/06/24 at 8:00 PM and 8/10/24 at 6:00 AM. The 6:00 AM doses of Humalog 3 units were also not administered as ordered on 8/05/24, 8/10/24, 8/13/24, and 8/20/24. An 8/14/24 1:30 PM progress note stated in part U/A [urinalysis], C&S [culture and sensitivity] report called to MD with the following order noted, Bactrim DS - one tablet by mouth twice daily x 7 days for UTI/ESBL [urinary tract infection/extended-spectrum beta-lactamase], contact precautions noted . (continued on next page)

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	495356	A. Building B. Wing	08/29/2024

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Heritage Hall Blacksburg	3610 South Main Street Blacksburg, VA 24060

For information on the nursing home's plan to correct this deficiency, please contact the nursing home or the state survey agency.

(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (Each deficiency must be preceded by full regulatory or LSC identifying information)
F 0760 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	According to the August 2024 MAR, the first scheduled dose of Bactrim DS on 8/14/24 at 5:00 PM was not administered. An 8/14/24 4:16 PM progress note read in part Bactrim DS .med not available. The MAR indicated the resident received 13 out of the 14 ordered doses of Bactrim DS. Surveyor requested and received the facility inventory list of medications available upon demand in the facility. This list indicated a supply of Bactrim DS 800/160 mg tablets was maintained on site and available for administration. On 8/28/24 at 5:27 PM, the survey team met with the Administrator, Assistant Administrator, Director of Nursing (DON), Regional Nurse Consultant, and Regional Director of Clinical Services and discussed the concern of Resident #5 not receiving Lantus, Humalog, and Bactrim DS as ordered by the provider. On 8/29/24 at 4:22 PM, surveyor spoke with the DON who stated they had no additional information regarding Resident #5's Lantus, Humalog, and Bactrim DS. No further information regarding this concern was presented to the survey team prior to the exit conference on 8/29/24. 2. For Resident #93, the facility staff failed to administer Lagevrio, an oral antiviral used to treat COVID-19, as ordered by the provider. Resident #93's diagnosis list indicated diagnoses, which included, but not limited to Chronic Obstructive Pulmonary Disease, Chronic Kidney Disease, Type 2 Diabetes Mellitus, and Heart Failure. The most recent minimum data set (MDS) with an assessment reference date (ARD) of 7/19/24 assigned the resident a brief interview for mental status (BIMS) summary score of 15 out of 15 indicating the resident was cognitively intact. A review of Resident #93's clinical record revealed the resident tested positive for COVID-19 on 7/18/24. A provider order for Lagevrio 200 mg 4 capsules by mouth two times a day through 7/24/24 was entered on 7/20/24. Resident #93's July 2024 Medication Administration Record (MAR) indicated Lagevrio was not administered on 7/20/24 at 5:00 PM and 7/24/24 at 9:00 AM. A 7/20/24 4:57 PM progress note stated in part Lagevrio .hold medication ti [sic] received from pharmacy. A 7/24/24 2:50 PM progress note stated in part Lagevrio .awaiting arrival from pharmacy . On 8/28/24 at 3:58 PM, surveyor spoke with the pharmacy representative who stated a box containing 40 tablets of Lagevrio (a 5-day supply) was delivered to the facility and electronically signed for on 7/19/24 at 3:33 PM for Resident #93. On 8/28/24 at 5:27 PM, the survey team met with the Administrator, Assistant Administrator, Director of Nursing (DON), Regional Nurse Consultant, and Regional Director of Clinical Services and discussed the concern of Resident #93 not receiving Lagevrio as ordered on two occasions. (continued on next page)

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	495356	A. Building B. Wing	08/29/2024

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Heritage Hall Blacksburg	3610 South Main Street Blacksburg, VA 24060

For information on the nursing home's plan to correct this deficiency, please contact the nursing home or the state survey agency.

(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (Each deficiency must be preceded by full regulatory or LSC identifying information)
F 0760 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Surveyor spoke with the DON on 8/29/24 at 4:22 PM and they stated they had no additional information regarding Resident #93's Lagevrio. No further information regarding this concern was presented to the survey team prior to the exit conference on 8/29/24. 34307 3. For Resident #108 the facility staff administered insulin outside the physician ordered parameters on six separate occasions. Resident #108's face sheet listed diagnoses which included but not limited to type 2 diabetes mellitus, generalized anxiety disorder, and dementia. Resident #108's most recent minimum data set with an assessment reference date of 07/29/24 assigned the resident a brief interview for mental status score of 6 out of 15 in section C, cognitive patterns. This indicates that the resident is severely cognitively impaired. Resident #108's comprehensive care plan was reviewed and contained a plan for Diabetes: The resident has Diabetes Mellitus. Interventions for this care plan included Diabetes medication as ordered by doctor . Resident #108's clinical record was reviewed and contained a physician's order summary which read in part, Novolin N FlexPen Subcutaneous Pen-injector 100 unit/ml (Insulin NPH (Human) (isophane)). Inject 8 unit subcutaneously one time a day for DM (diabetes mellitus) II FOR BLOOD GLUCOSE GREATER THEN (sic) 180. Resident #108's electronic medication administration record for the month of August 2024 was reviewed and contained an entry as above. This entry was initialed as administered on 08/18/24 with a blood sugar (BS) of 174, on 08/20/24-BS 164, 08/24/24-BS 110, 08/25/24-BS 115, 08/27/24-BS 122, and 08/28/24-BS 96. Surveyor spoke with the director of nursing on 08/28/24 at 3:30 pm regarding Resident #108's insulin order. Director of nursing stated that insulin should not have been administered on the days that blood sugar was lower than physician ordered parameters. Surveyor requested and was provided with a facility policy entitled Administering Medications which read in part, Medications are administered in a safe and timely manner, and as prescribed. 4. Medications are administered in accordance with prescriber orders, including any required timeframe. The concern of not ensuring Resident #108 was free from significant medication error was discussed with the administrator, assistant administrator, director of nursing, assistant director of nursing, regional nurse consultant, and regional director of clinical services on 08/28/24 at 5:30 pm No further information was provided prior to exit.

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	495356	A. Building B. Wing	08/29/2024

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Heritage Hall Blacksburg	3610 South Main Street Blacksburg, VA 24060

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. 47299 Based on staff interviews, clinical record reviews, and facility document review, the facility staff failed to maintain complete and/or accurate clinical documentation for one (1) of 30 sampled residents, resident # 44. The findings included: The facility staff failed to document baths in the electronic medical record for resident # 44. Resident # 44's diagnoses included but were not limited to anxiety disorder, muscle weakness, need for assistance with personal care, unspecified dementia with psychotic disturbance and major depressive disorder. Resident # 44's minimum data set (MDS) assessment with an assessment reference date of 7/31/24 assigned the resident a brief interview for mental status (BIMS) score of 03 out of 15 indicating severe cognitive impairment. The electronic medical record for resident # 44 was reviewed. This surveyor was unable to locate documentation that resident # 44 had been bathed in the month of August. On 8/28/24 at 5:27 PM the survey team met with the Administrator, Assistant Administrator, Director of Nursing (DON) and Regional Director of Clinical Services. Surveyor asked for documentation of baths for resident # 44 for June, July and August. On 8/29/24 this surveyor was provided with worksheets that had pictures of the human body, one from the front, one from the back, one from the left side and one from the right side. The worksheet had the name of the facility at the top with a line to write in a resident name, and at the bottom a line for a signature and a line for the date. The worksheets had no mention of any type of bath on them. There were at least eight provided for each of the three months. The DON stated, Those are bath sheets. The DON also provided the Documentation Survey Report from the electronic medical record for the three months. The Documentation Survey Report had a section that read, Bathing/Showers on Tuesday and Friday. There were spaces for the staff to document on Mondays and Thursdays and each space was blank except for the occasional NA for not applicable. This surveyor asked the DON how they knew that resident # 44 was being bathed. They stated, Those are our bath sheets, they fill them out when they bathe the resident. Surveyor asked if they would expect the staff to document the baths in the electronic medical record and they stated, Well that would be double documentation. This surveyor did point out that no where on the work sheet does it say the resident was bathed, it only documents if they had a skin concern. The DON stated, Well those are scanned into the record, or should be. The worksheets were not found in the clinical record for # 44. The policy entitled, Charting and Documentation with a revised date of July 2017 read in part, All services provided to the resident, progress toward the care plan goals, or any changes in the resident's medical, physical, functional or psychosocial condition, shall be documented in the resident's medical record. (continued on next page)

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	495356	A. Building B. Wing	08/29/2024

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Heritage Hall Blacksburg	3610 South Main Street Blacksburg, VA 24060

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	No further information 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
	495356	A. Building B. Wing	08/29/2024

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Heritage Hall Blacksburg	3610 South Main Street Blacksburg, VA 24060

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 - Few	Provide and implement an infection prevention and control program. 28169 Based on observations, resident interviews, staff interviews, and facility document review, the facility staff failed to follow the infection prevention and control program guidelines to provide a sanitary environment for 2 of 30 sampled residents, Resident #38 and Resident #55. The findings were: 1. For Resident #38, facility staff failed to return urine collection containers (urinal and urine collection bag) to the resident's bedside after use. The containers were left in the bathroom which was shared between two semi-private resident rooms. Resident #38's minimum data set assessment with an assessment reference date of 08/12/24 noted the resident was rarely/never understood and therefore a brief interview for mental status was not conducted. Resident #38 had one roommate in a semi-private room which shared a bathroom with another semi-private room occupied by two (2) residents. The total of four (4) residents shared one bathroom which contained only a commode. In an interview with one of the four residents' family members on 08/27/24 at 2:39 p.m., the family member reported having observed dirty items left in the bathroom. Specifically, a urine bag was left hanging on the grab bar beside the commode and anyone using the commode had no choice but to hold onto that grab bar. On 08/27/24 at approximately 3:15 p.m., this surveyor observed the bathroom in Resident #38's room. The bathroom had a strong odor of urine and an empty urinal hanging on the grab bar beside the commode. The commode was empty and there were no items noted or matter visible on the floor. LPN#3 was interviewed and reported the urinal was used to empty Resident #38's urine collection bag. On 08/28/24 at 12:16 p.m., this surveyor observed Resident #38's bathroom. A slight urine odor was detected. A urine collection bag with urine remaining in the bag was hanging on the grab bar beside the commode. At 12:20 p.m., LPN #1 was asked to observe the bathroom. LPN #1 acknowledged the urine bag with urine in it should not be hanging on the grab bar. The nurse stated the urine bag should be emptied, wrapped in a bag, and left at Resident #38's personal area. When asked who uses that bathroom, LPN#1 stated the two residents in the room next door use that bathroom. At an end of day meeting with the administrator, assistant administrator, director of nursing (DON), nurse consultant, and regional director of clinical services on 08/28/24 at 5:40 p.m., this surveyor described the infection control observations in Resident #38's shared bathroom. The DON acknowledged the urine collection bag should not have been left hanging in the bathroom and stated her expectation was the urinal/urine collection bag be emptied and cleaned, placed in a bag and placed near the bedside table, in this case Resident #38's bedside table. (continued on next page)

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	495356	A. Building B. Wing	08/29/2024

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Heritage Hall Blacksburg	3610 South Main Street Blacksburg, VA 24060

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 - Few	The infection preventionist (IP) was interviewed on 08/29/24 at 11:48 a.m. The IP reported her expectation was for urine collection containers to be stored in a bag at the bedside of the resident to whom it belongs. . The policy provided by the administrator on 08/29/24 titled, Bedpan/Urinal, Offering/Removing did not address emptying urine collection bags or urinals used to empty a urine collection bag specifically. The policy read in part, After Assisting the Resident: . 8. Clean the bedpan or urinal. Wipe dry with a clean paper towel. Discard paper towel into designated container. Store the bedpan or urinal per facility policy. Do not leave it in the bathroom or on the floor. No other policy was provided. On 08/29/24 at 4:22 p.m. during a team meeting with the DON, nurse consultant, administrator, and assistant administrator, the infection control concern was discussed. No further information was provided prior to the exit conference. 42353 2. For Resident #55, the facility staff placed soiled linens on the resident's floor. Resident #55's diagnosis list indicated diagnoses, which included, but not limited to Dementia, Chronic Kidney Disease, Congestive Heart Failure, and Chronic Obstructive Pulmonary Disease. The most recent minimum data set (MDS) with an assessment reference date (ARD) of 6/24/24 assigned the resident a brief interview for mental status (BIMS) summary score of 14 out of 15 indicating the resident was cognitively intact. During initial facility rounding on 8/27/24, a facility resident who requested to remain anonymous stated staff were throwing soiled briefs, pads, and linen on the floor prior to removing from the room. On 8/28/24 at 9:49 AM, Certified Nursing Assistant (CNA) #2 opened Resident #55's door and surveyor observed a pile of soiled linens on the floor beside the resident's bed. When the surveyor spoke with CNA #2 at approximately 2:55 PM regarding the observation, CNA #2 apologized and stated this was not their usual practice and their usual practice was to place soiled linens in a bag and not on the floor. On 8/29/24 at 12:05 PM, surveyor spoke with the facility Infection Preventionist who stated the CNA should have placed the soiled linens in a bag and not in the floor. Surveyor requested and received the undated facility policy titled Soiled Laundry and Bedding which read in part, .All used laundry is handled as potentially contaminated using standard precautions .Contaminated laundry is bagged or contained at the point of collection (i.e., location where it was used) . (continued on next page)

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	495356	A. Building B. Wing	08/29/2024

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Heritage Hall Blacksburg	3610 South Main Street Blacksburg, VA 24060

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 - Few	On 8/28/24 at 5:30 PM during a team meeting with the Administrator, Assistant Administrator, Director of Nursing, Regional Nurse Consultant, and Regional Director of Clinical Services, surveyor discussed the concern of staff placing soiled linen in the floor. No further information regarding this concern was presented to the survey team prior to the exit conference on 8/29/24.