STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	495366	A. Building B. Wing	11/26/2025

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Lake Prince Woods, Inc	100 Anna Goode Way Suffolk, VA 23434

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 0550 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Honor the resident's right to a dignified existence, self-determination, communication, and to exercise his or her rights. **NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** Based on observation and staff interviews, the facility's staff failed to maintain dignity during mealtime for 2 of 26 residents (Resident #7 and Resident #30) in the survey sample.The findings included:1.The facility staff failed to maintain dignity during mealtime by feeding two residents at the same time. Resident #7 was originally admitted to the facility on [DATE] and re-admitted on [DATE] after an acute care hospital stay. The current diagnoses included; Vascular Dementia. The admission, Minimum Data Set (MDS) assessment with an assessment reference date (ARD) of 4/29/25 coded the resident as not having the ability to complete the Brief Interview for Mental Status (BIMS). The staff interview was coded for long-term and short-term memory problems, as well as moderately impaired for daily decision making. The person-centered care plan dated 10/02/25 read that Resident #7 is at risk for impaired nutritional status related to vascular dementia. The Goal for the resident was that the resident would eat 50% of her meal. The interventions are: Assist x 1 with eating and provide a mechanical soft diet with thin liquids.In sectionG(Physical functioning) the resident was coded as requiring assistance with eating, bathing, dressing, and using the toilet.On 11/25/25 at approximately 12:00 pm, a dining observation was made in the dining room. Certified Nursing Assistant (CNA) was observed sitting at a dining room table between two residents, Resident #7, who was observed sitting in a [NAME] chair to the left of CNA #1, was being fed, and Resident #30 was observed sitting in a [NAME] chair to the right of CNA #1, asleep. CNA #1 was observed trying to arouse Resident #30 in between feeding Resident #7, oftentimes attempting to feed both residents simultaneously without washing her hands. 2.The facility staff failed to maintain dignity during mealtime by feeding two residents at the same time. Resident #30 was originally admitted to the facility 6/05/25 after an acute care hospital stay. The resident has never been discharged from the facility. The current diagnoses included; Cognitive Communication Deficit. The quarterly Minimum Data Set (MDS) assessment with an assessment reference date (ARD) of 6/05/25 coded the resident as not having the ability to complete the Brief Interview for Mental Status (BIMS). The staff interview was coded for long-term and short-term memory problems, as well as severe impairment for daily decision making. In sectionG(Physical functioning) the resident was coded as requiring assistance with eating, bathing, dressing, and using the toilet. The person-centered care plan dated 6/05/25 read that Resident #30 is at risk for impaired nutrition related to an end-of-life process, senile degeneration of the brain, with anxiety. The goal for Resident #30 was to have the resident consume 50% of his meals. The interventions were: Resident to be fed by staff or companion aid, and provide a regular diet with thin liquids. On 11/25/25 at approximately 12:00 pm, a dining observation was made in the dining room. Certified Nursing Assistant (CNA) was observed sitting at a dining room table between two residents, Resident #7, who was observed sitting in a [NAME] chair to the left of CNA #1, was being fed, and Resident #30 was observed sitting in a [NAME] chair to the right of CNA #1, asleep. CNA #1 was observed trying to arouse Resident #30 in between feeding Resident #7, oftentimes attempting to feed both residents simultaneously without washing her hands. On 11/25/25 an interview was conducted at approximately 3:10 pm, with Certified Nursing Assistant (CNA) concerning Resident #7 (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
	495366	A. Building B. Wing	11/26/2025

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Lake Prince Woods, Inc	100 Anna Goode Way Suffolk, VA 23434

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 0550 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	and Resident #30. CNA #1 mentioned that she was the only person in the dining room so she had to feed both residents at the same time, but she should have fed one resident at a time and washed her hands in between residents. On 11/25/25 at approximately 4:00 pm., an interview was conducted with Licensed Practical Nurse (LPN) #3 concerning feeding residents. LPN #3 said that when feeding residents, only one resident should be fed at a time, and hand hygiene should be performed. On 11/25/25 at approximately 4:00 p.m., during the end-of-day meeting, the above findings were shared with the Administrator, Director of Nursing (DON), and the Assistant Administrator. The DON said that hand hygiene should have been completed. An opportunity was offered to the facility's staff to present additional information, but no further information was provided.

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	495366	A. Building B. Wing	11/26/2025

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Lake Prince Woods, Inc	100 Anna Goode Way Suffolk, VA 23434

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 0847 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Inform resident or representatives choice to enter into binding arbitration agreement and right to refuse. Based on resident interview, staff interview, clinical record review, and review of facility documents, the facility staff failed to explain the binding arbitration agreement to the resident in a form and manner that the resident understands for 1 of 26 residents (Resident #2), in the survey sample. The findings included: Resident #2 was originally admitted to the facility 11/5/25. The current diagnoses included spinal stenosis, urinary tract infection, type 2 diabetes mellitus without complications, and anemia. The admission Minimum Data Set (MDS) assessment with an assessment reference date (ARD) of 11/10/25 coded the resident as completing the Brief Interview for Mental Status (BIMS) and scoring 15 out of a possible 15. This indicated Resident #2's cognitive abilities for daily decision making were intact.On 11/25/25 at 11:50 AM an interview was conducted with Resident #2. Resident #2 stated that she does not remember signing a document in the admission paperwork that was an arbitration agreement. Resident #2 also stated that the Resident and Facility Arbitration Agreement was not explained in a manner that she understood. Resident #2 further stated, If I signed any paperwork, the staff should not have had me do that. I was in too much pain in the beginning of my stay here and I would not have been in the right frame of mind to sign important documents or even been able to remember important details regarding signing admission or arbitration documents, due to my pain at the time.A review of the Appendix B - Resident and Facility Arbitration Agreement dated and signed by Resident #2 on 11/5/25 read that Resident #2 signed her signature in the Resident Signature location. The document also read: The Parties understand and agree that by entering into this arbitration agreement, they are giving up and waiving their constitutional right to have claims decided in a court of law before a judge and jury. On 11/25/25 at 1:20 PM an interview was conducted with the Director of Transitional Services. The Director of Transitional Services stated that the admission paperwork and the arbitration agreement has to be signed by the resident or resident representative within 24 hours of admission. The Director of Transitional Services also stated that she remembers meeting with Resident #2 and completing the signing of the admission paperwork and arbitration agreement. The Director of Transitional Services further stated that she remembers meeting with Resident #2 due to the resident being in a lot of pain during the paperwork signing process. On 11/26/25 at approximately 2:20 p.m., a final interview was conducted with the Executive Director, Director of Nursing, and the Administrator of Home Health and Hospice. An opportunity was offered to the facility's staff to present additional information. They had no further comments and voiced no concerns regarding the above information.

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	495366	A. Building B. Wing	11/26/2025

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Lake Prince Woods, Inc	100 Anna Goode Way Suffolk, VA 23434

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. **NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** Based on observations and staff interviews, the facility's staff failed to follow infection control measures during mealtime for 2 of 26 residents in the survey sample (Resident #7 and Resident #30).The findings included:1.The facility staff failed to ensure infection control measures were followed during mealtime by feeding two residents at the same time without maintaining proper hand hygiene. Resident #7 was originally admitted to the facility on [DATE] and re-admitted on [DATE] after an acute care hospital stay. The current diagnoses included; Vascular Dementia. The admission, Minimum Data Set (MDS) assessment with an assessment reference date (ARD) of 4/29/25 coded the resident as not having the ability to complete the Brief Interview for Mental Status (BIMS). The staff interview was coded for long and short term memory problems as well as moderately impaired for daily decision making. The person-centered care plan dated 10/02/25 read that Resident #7 is at risk for impaired nutritional status related to vascular dementia. The Goal for the resident was that the resident would eat 50% of her meal. The interventions are: Assist x 1 with eating and provide a mechanical soft diet with thin liquids.In sectionG(Physical functioning) the resident was coded as requiring assistance with eating, bathing, dressing, and using the toilet.On 11/25/25 at approximately 12:00 pm, a dining observation was made in the dining room. Certified Nursing Assistant (CNA) was observed sitting at a dining room table between two residents, Resident #7, who was observed sitting in a [NAME] chair to the left of CNA #1, was being fed, and Resident #30 was observed sitting in a [NAME] chair to the right of CNA #1, asleep. CNA #1 was observed trying to arouse Resident #30 in between feeding Resident #7, oftentimes attempting to feed both residents simultaneously without washing her hands. 2.The facility staff failed to ensure infection control measures were followed during mealtime without maintaining proper hygiene. Resident #30 was originally admitted to the facility on [DATE] after an acute care hospital stay. The resident has never been discharged from the facility. The current diagnoses included: Cognitive Communication Deficit. The quarterly Minimum Data Set (MDS) assessment with an assessment reference date (ARD) of 6/05/25 coded the resident as not having the ability to complete the Brief Interview for Mental Status (BIMS). The staff interview was coded for long-term and short-term memory problems, as well as severe impairment for daily decision making. In sectionG(Physical functioning) the resident was coded as requiring assistance with eating, bathing, dressing, and using the toilet.The person-centered care plan dated 6/05/25 read that Resident #30 is at risk for impaired nutrition related to an end-of-life process, senile degeneration of the brain with anxiety. The goal for Resident #30 was to have resident consumed 50% of his meals. The interventions were: Resident to be fed by staff or companion aid and provide regular diet with thin liquids. On 11/25/25 at approximately 12:00 pm, a dining observation was made in the dining room. A Certified Nursing Assistant (CNA) was observed sitting at a dining room table between two residents. Resident #7, who was observed sitting in a [NAME] chair to the left of CNA #1, was being fed, and Resident #30 was observed sitting in a [NAME] chair to the right of CNA #1, asleep. CNA #1 was observed trying to arouse Resident #30 in between feeding Resident #7, oftentimes attempting to feed both residents simultaneously without washing her hands. CNA #1 was observed at approximately 12:30 pm., feeding both residents, going from Resident #7 to Resident #30. CNA #1 was also observed getting up and assisting other residents in the dining room by pushing them in their wheelchairs to the doorway to exit the dining room, returning to the table to feed Residents #7 and #30 without providing hand hygiene. On 11/25/25, an interview was conducted at approximately 3:10 pm, with a Certified Nursing Assistant (CNA) concerning Residents #7 and #30. CNA #1 mentioned that she was the only person in the dining room, so she had to feed both residents at once, but she should have fed each resident at a time.On 11/25/25 at approximately 4:00 pm., an interview was conducted with Licensed Practical Nurse (LPN) #3 concerning feeding residents. LPN #3 said that when feeding residents, only one resident should be fed at a time, and hand hygiene should be performed. On 11/25/25 at (continued on next page)

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	495366	A. Building B. Wing	11/26/2025

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Lake Prince Woods, Inc	100 Anna Goode Way Suffolk, VA 23434

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	approximately 4:00 p.m., during the end-of-day meeting, the above findings were shared with the Administrator, Director of Nursing (DON), and the Assistant Administrator. The DON said that hand hygiene should have been completed. An opportunity was offered to the facility's staff to present additional information, but none was provided.