

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  495389	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED  09/11/2025
NAME OF PROVIDER OR SUPPLIER  Winchester Health & Rehabilitation		STREET ADDRESS, CITY, STATE, ZIP CODE  110 Lauck Dr Winchester, VA 22603	

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 0558</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Reasonably accommodate the needs and preferences of each resident.</p> <p>Based on observation, resident interview, staff interview, clinical record review and facility document review, it was determined that the facility staff failed to maintain a call bell in a position that was accessible to the resident for one of 17 residents in the survey sample, Resident #5. The findings include: For Resident #5 (R5), the facility staff failed to maintain the call bell in reach. On the most recent MDS (minimum data set), an admission assessment, with an ARD (assessment reference date) of 8/24/25, the resident was assessed as being cognitively intact for making daily decisions. R5 was assessed as not having any limitations in range of motion to the upper extremities, dependent on staff for toileting hygiene and requiring substantial to maximal assistance for transfers. On 9/8/2025 at 12:05 p.m., an observation was made of R5 in their room. R5 was observed lying in bed with the call bell observed on the right upper bed rail wrapped around the lower portion of the rail. When asked if they were able to reach their call bell, R5 attempted to locate the call bell and stated that he did not know where it was and could not find it. R5 stated that he did use the call bell to get staff when he needed care and they normally responded in a timely manner. Additional observations of R5's call bell were made on 9/8/2025 at 1:49 p.m. and 2:37 p.m. The call bell was located on the right upper bed rail wrapped around the lower portion of the rail. On 9/9/2025 at 12:36 p.m., an interview was conducted with CNA (certified nursing assistant) #1 who stated that call bells should be placed in reach of all residents. She stated that this was so the resident could call if they needed something. CNA #1 stated that they checked the call bell placement every time they went into the room prior to leaving and when they walked past the rooms. The facility policy, Answering the Call Light revised 8/2020, documented in part, . When the resident is in bed or confined to a chair be sure the call light is within easy reach of the resident. On 9/9/2025 at 1:44 p.m., ASM (administrative staff member) #1, the administrator, ASM #2, the director of nursing and ASM #3, the assistant director of nursing were made aware of the findings. No further information was provided prior to exit.</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 0580</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Some</p>	<p>Immediately tell the resident, the resident's doctor, and a family member of situations (injury/decline/room, etc.) that affect the resident.</p> <p>Based on staff interview, facility document review, and clinical record review, the facility staff failed to notify the physician of medications that were unavailable for administration for three of 17 residents in the survey sample, Residents #1, #3, and #12. The findings include: 1. For Resident #1 (R1), the facility staff failed to notify the physician of medications unavailable for administration on 5/20/25.</p> <p>A review of R1's clinical record revealed the following progress note dated 9/20/25 at 4:00 p.m.: Resident arrived in a W/C (wheelchair) to floor Little before 1500 (3:00 p.m.). Pleasant and cooperate (sic) with staff. Resident alert and orient (sic) x 3. Resident receives Hemodialysis Tue (Tuesday), Thurs (Thursday), and Saturday.</p> <p>A review of R1's orders revealed, in part: Insulin Glargine 100 unit/ml (units per milliliter) Inject 15 units subcutaneously every night shift.</p> <p>Colesevelam (to treat high cholesterol) 625 mg (milligrams) Give 1 tablet by mouth two times a day.</p> <p>Coreg (to treat high blood pressure) 6.25 mg Give 1 tablet by mouth two times a day.</p> <p>Lyrica (to treat nerve pain) 25 mg Give 1 capsule by mouth two times a day.</p> <p>Midodrine (to treat low blood pressure) 5 mg Give 1 tablet by mouth two times a day.</p> <p>Senokot (laxative) 8.6 mg Give 2 tablets by mouth two times a day.</p> <p>Sevelamer Carbonate (to treat high phosphorus blood levels) 800 mg Give 2 tablets by mouth with meals.</p> <p>A review of R1's May 2025 MAR (medication administration record) revealed he did not receive insulin as ordered at night on 5/20/25. The insulin was documented as not given, new admit on order in the progress note. This review also revealed he did not receive the following medications in the evening on 5/20/25: Colesevelam, Coreg, Lyrica, Midodrine, Senokot, and Sevelamer. All of these medications were scheduled to be administered at 5:00 p.m. on 5/20/25.</p> <p>Further review of R1's clinical record failed to reveal evidence that the physician was notified of the resident not receiving these medications.</p> <p>On 9/9/25 at 9:23 a.m., ASM (administrative staff member) #3, the assistant director of nursing, was interviewed. She stated orders for new residents are placed in the electronic medical record and directly transmitted to the pharmacy. She stated the physician should be notified if a medication is unavailable for administration for any reason. She added that the physician should have the opportunity to order a different medication, or to say that it is okay for the resident to go without the medication for a certain amount of time.</p> <p>On 9/9/25 at 1:45 p.m., ASM #1, the administrator and ASM #2, the director of nursing, were informed of these concerns.</p> <p>(continued on next page)</p>		

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<p>F 0580</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Some</p>	<p>A review of the facility policy, Change in a Resident's Condition, revealed, in part: The facility will promptly notify the resident, his or her physician/practitioner, and representative of changes in the resident's medical/mental condition and/or status</p> <p>No additional information was provided prior to exit.</p> <p>2. For R11, facility staff failed to notify the physician that Clotrimazole (1) was not available for administration on 05/30/3035 and Aripiprazole (2) and Fluticasone-Salmeterol (3) were not available for administration on 05/31/2025.</p> <p>R11 was admitted to the facility with diagnoses that included but were not limited to bipolar disorder, pulmonary hypertension blood pressure in the lungs higher than normal, causing the heart to work harder) and muscle weakness.</p> <p>The physician's order for R11 documented in part:</p> <p>Aripiprazole Oral Tablet 5 (five) MG (milligrams). Give 1 (one) tablet by mouth one time a day for bipolar disorder. Order Date: 5/30/2025.</p> <p>Fluticasone-Salmeterol 500-50 MCG/ACT (microgram/actuation) Aerosol Powder, breath activated. 1 (one) puff inhale orally one time a day related to TYPE 2 DIABETES MELLITUS WITH DIABETIC CHRONIC KIDNEY DISEASE. Order Date: 5/31/2025.</p> <p>Clotrimazole Mouth/Throat Troche (medicated lozenge)10 MG. Give 1 tablet by mouth five times a day for Candidiasis Fungal infection (yeast infection) of the Oropharynx (back of the throat). Order Date: 5/30/2025.</p> <p>The eMAR (electronic medication administration record) dated May 2025 for R11 documented the physician's orders as stated above. The eMAR coded a 9 (nine) on 05/30/2025 for Clotrimazole and a 9 on 05/31/2025 for Aripiprazole and Fluticasone-Salmeterol. The eMAR Chart Code documented in part, 9=Other / See progress Notes.</p> <p>The facility's nurse's note dated 05/30/2025 at 10:30 p.m. for R11 documented Clotrimazole Mouth/Throat Troche 10 MG. Give 1 tablet by mouth five times a day for Candidiasis Fungal infection of the Oropharynx. Medication on order unavailable in back stock.</p> <p>The facility's nurse's note dated 05/31/2025 for R11 documented, Fluticasone-Salmeterol 500-50 MCG/ACT Aerosol Powder, breath activated. 1 puff inhale orally one time a day related to TYPE 2 DIABETES MELLITUS WITH DIABETIC CHRONIC KIDNEY DISEASE . Pending delivery.</p> <p>The facility's nurse's note dated 05/31/2025 at 11:15 p.m. for R11 documented, Aripiprazole Oral Tablet 5 MG. Give 1 tablet by mouth one time a day for bipolar disorder. pending delivery.</p> <p>The facility's Omnicell (automated medication dispensing system) inventory list failed to evidence Clotrimazole 10 MG, Aripiprazole 5MG and Fluticasone-Salmeterol 500-50 MCG were available in the Omnicell system.</p> <p>(continued on next page)</p>		

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<p>F 0580</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Some</p>	<p>The EHR (electronic health record) for R11 was reviewed. The EHR failed to evidence documentation that the physician was notified of Clotrimazole 10 MG, Aripiprazole 5MG and Fluticasone-Salmeterol 500-50 MCG was not available for administration to R11 on 05/30/2025 and 05/31/2025.</p> <p>On 9/9/25 at 9:23 a.m., ASM (administrative staff member) #3, the assistant director of nursing, was interviewed. She stated the physician should be notified if a medication is unavailable for administration. The physician should have the opportunity to order a different medication, or to say that it is okay for the resident to go without the medication for a certain amount of time.</p> <p>On 09/09/2025 at approximately 1:45 p.m. ASM (administrative staff member) #1, administrator, ASM #2, director of nursing, ASM #3, assistant director of nursing and ASM #6, regional director of clinical services, were made aware of the above findings.</p> <p>No further information was provided prior to exit.</p> <p>References:</p> <p>(1) Used to treat fungal skin infection. This information was obtained from the website: <a href="https://medlineplus.gov/druginfo/meds/a618059.html">https://medlineplus.gov/druginfo/meds/a618059.html</a>.</p> <p>(2) Used to treat schizophrenia (a mental illness that affects how a person thinks, feels and behaves) bipolar disorder (a disease that causes depression, mania, and other abnormal moods). This information was obtained from the website: <a href="https://medlineplus.gov/druginfo/meds/a603012.html">https://medlineplus.gov/druginfo/meds/a603012.html</a>.</p> <p>(3) Used to treat difficulty breathing, wheezing, shortness of breath, coughing, and chest tightness caused by asthma. This information was obtained from the website: <a href="https://medlineplus.gov/druginfo/meds/a699063.html">https://medlineplus.gov/druginfo/meds/a699063.html</a>.</p> <p>3. For Resident #12 (R12), the facility staff failed to notify the physician that Gabapentin was not administered as ordered on 8/29/25, 8/30/25 and 8/31/25.</p> <p>The physician orders for R12 documented in part, Gabapentin Oral Tablet 800 MG (Gabapentin) Give 1 tablet by mouth every 8 hours for neuropathy. Order Date: 08/29/2025. Start Date: 08/29/2025.</p> <p>Review of the eMAR (electronic medication record) for R12 failed to evidence administration of the Gabapentin 800mg on 8/29/25 at 10:00 p.m., 8/30/25 at 6:00 a.m., 2:00 p.m., and 10:00 p.m. and 8/31/25 at 6:00 a.m. and 2:00 p.m.</p> <p>Review of the eMAR progress notes documented the medication being on order from the pharmacy. The progress notes failed to evidence notification of the physician or nurse practitioner of the medication not administered.</p> <p>(continued on next page)</p>		

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<p>F 0580</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Some</p>	<p>On 9/9/2025 at 9:23 a.m., an interview was conducted with ASM (administrative staff member) #3, the assistant director of nursing who stated that orders for new residents were placed in the electronic medical record and directly transmitted to the pharmacy. She stated that the pharmacy delivered them as soon as possible and also added, We can also have them stat delivered. ASM #3 explained the facility has an Omnicell system that contains many standard medications, but not all and the nurse should check the Omnicell before determining that a medication was unavailable. She stated if there was a medication ordered that the facility was not able to obtain, the facility staff would ask the family members to bring in the medication from home and the physician should be notified if a medication was unavailable for administration. ASM #3 stated that the physician should have the opportunity to order a different medication, or to say that it was okay for the resident to go without the medication for a certain amount of time.</p> <p>On 9/9/2025 at 1:44 p.m., ASM #1, the administrator, ASM #2, the director of nursing and ASM #3, the assistant director of nursing were made aware of the findings.</p> <p>No further information was provided prior to exit.</p>		

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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>Provide appropriate treatment and care according to orders, resident's preferences and goals.</p> <p><b>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY**</b> Based on clinical record review, staff interview and facility document review, facility staff failed to provide care and services to promote the resident's highest level of wellbeing for two of 17 residents in the survey sample, Residents #3 (R3) and R1. The findings include:1. For R3, facility staff failed to assess and monitor a skin rash.</p> <p>On the most recent MDS (minimum data set), an annual assessment with an ARD (assessment reference date) of 08/07/2024, R3 scored 15 out of 15 on the BIMS (brief interview for mental status), indicating the resident was cognitively intact for making daily decisions.</p> <p>The physician's order for R3 documented in part, Panoxyl (1) External Liquid (Benzoyl Peroxide) Apply to body topically one time a day for acne. Order date: 9/20/2024. Discontinue Date: 11/05/0224.</p> <p>The eMAR (electronic medication administration record) for R3 dated September 2024 documented the physician's order as stated above.</p> <p>The facility's weekly skin observation sheet for R3 dated 09/16/2024, 09/23/2024, 10/07/2024, 10/16/2024, 10/23/2024 and on 11/01/2024 failed to evidence documentation of acne or a rash.</p> <p>On 09/09/2025 at approximately 12:43 p.m. an interview was conducted with LPN (licensed practical nurse) #3. When asked about documenting a resident's abnormal skin condition such as a rash she stated that the condition should be documented on the skin observation sheet as long as the condition persists. When asked if the resident was being assessed and monitored when the skin observation sheets failed to consistently document the resident's skin rash she stated no.</p> <p>The facility's policy Change in a Resident's Condition documented in part, 7. The nurse / designee will record in the resident's medical record information relative to changes in the resident's medical/mental condition or status.</p> <p>On 09/09/2025 at approximately 1:45 p.m. ASM (administrative staff member) #1, administrator, ASM #2, director of nursing, ASM #3, assistant director of nursing and ASM #6, regional director of clinical services, were made aware of the above findings.</p> <p>No further information was provided prior to exit.</p> <p>Complaint deficiency</p> <p>Reference:</p> <p>(1) Works by killing the bacteria that cause acne. The information was obtained from the website: <a href="https://medlineplus.gov/druginfo/meds/a603024.html">https://medlineplus.gov/druginfo/meds/a603024.html</a>.</p> <p>2. For Resident #1 (R1), the facility staff failed to administer medications as ordered by the physician on 5/20/25.</p> <p>(continued on next page)</p>		

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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>R1 was admitted to the facility on [DATE] and was discharged [DATE]. A review of R1's admission assessment dated [DATE] revealed R1 was oriented to person, place, and time; and was able to make his own decisions. A review of R1's cognitive assessment dated [DATE] revealed he had no cognitive impairment.</p> <p>A review of R1's clinical record revealed the following progress note dated 9/20/25 at 4:00 p.m.: Resident arrived in a W/C (wheelchair) to floor Little before 1500 (3:00 p.m.). Pleasant and cooperate (sic) with staff. Resident alert and orient (sic) x 3. Resident receives Hemodialysis Tue (Tuesday), Thurs (Thursday), and Saturday.</p> <p>A review of R1's orders revealed, in part: Insulin Glargine 100 unit/ml (units per milliliter) Inject 15 units subcutaneously every night shift.</p> <p>Coreg (to treat high blood pressure) 6.25 mg Give 1 tablet by mouth two times a day.</p> <p>Midodrine (to treat low blood pressure) 5 mg Give 1 tablet by mouth two times a day.</p> <p>A review of R1's May 2025 MAR (medication administration record) revealed he did not receive insulin as ordered at night on 5/20/25. The insulin was documented as not given, new admit on order in the progress note. This review also revealed he did not receive Coreg or Midodrine medications in the evening on 5/20/25.</p> <p>A review of the facility's Omnicell list (list of standard medications available at all times for residents) revealed the following medications were available for administration on 5/20/25 at 5:00 p.m.: Insulin Glargine 100 units/ml, Coreg 3.125 mg tablets, and Midodrine 5 mg.</p> <p>On 9/9/25 at 9:23 a.m., ASM (administrative staff member) #3, the assistant director of nursing, was interviewed. She stated orders for new residents are placed in the electronic medical record and directly transmitted to the pharmacy. The pharmacy delivers them as soon as possible. She added: We can also have them stat delivered. She explained the facility has an Omnicell system that contains many standard medications, but not all. The nurse should check the Omnicell before determining that a medication is unavailable. She stated if there is a medication ordered that the facility is not able to obtain, the facility staff will ask the family members to bring in the medication from home. She stated the physician should be notified if a medication is unavailable for administration. The physician should have the opportunity to order a different medication, or to say that it is okay for the resident to go without the medication for a certain amount of time.</p> <p>On 9/9/25 at 1:45 p.m., ASM #1, the administrator and ASM #2, the director of nursing, were informed of these concerns.</p> <p>No additional information was provided prior to exit.</p>		

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<p>F 0755</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Some</p>	<p>Provide pharmaceutical services to meet the needs of each resident and employ or obtain the services of a licensed pharmacist.</p> <p>Based on clinical record review, staff interview and facility document review, facility staff failed to provide medications as ordered for four of 17 residents in the survey sample, Residents #3 (R3), R11, R1 and R12. The findings include:1. For R3, facility staff failed to administer Panoxyl (1) according to the physician's orders.</p> <p>On the most recent MDS (minimum data set), an annual assessment with an ARD (assessment reference date) of 08/07/2024, R3 scored 15 out of 15 on the BIMS (brief interview for mental status), indicating the resident was cognitively intact for making daily decisions.</p> <p>The physician's order for R3 documented in part, Panoxyl External Liquid (Benzoyl Peroxide) Apply to body topically one time a day for acne. Order date: 9/20/2024. Discontinue Date: 11/05/0224.</p> <p>The eMAR (electronic medication administration record) dated September 2024 for R3 documented the physician's orders as stated above. The eMAR further documented R3 received Panoxyl two of ten opportunities.</p> <p>The eMAR (electronic medication administration record) dated October 2024 for R3 documented the physician's orders as stated above. The eMAR further documented R3 received Panoxyl 11 of 30 opportunities.</p> <p>The nurse's note dated 09/21/2024 for R3 documented Panoxyl External Liquid. Apply to body topically one time a day for acne. Pending.</p> <p>The nurse's note dated 09/22/2024 for R3 documented Panoxyl External Liquid Apply to body topically one time a day for acne.</p> <p>The nurse's note dated 09/23/2024 for R3 documented Panoxyl External Liquid. Apply to body topically one time a day for acne. np/pharmacy notified.</p> <p>The nurse's note dated 09/25/2024 for R3 documented Panoxyl External Liquid Apply to body topically one time a day for acne. Will give as scheduled when arrives. Resident aware. pharmacy notified.</p> <p>The nurse's note dated 09/26/2024 for R3 documented Panoxyl External Liquid. Apply to body topically one time a day for acne. Awaiting pharmacy delivery. MD and RP notified.</p> <p>The nurse's note dated 09/27/2024 for R3 documented Panoxyl External Liquid. Apply to body topically one time a day for acne. np/pharmacy notified.</p> <p>The nurse's note dated 09/28/2024 for R3 documented Panoxyl External Liquid. Apply to body topically one time a day for acne. np/pharmacy notified.</p> <p>The nurse's note dated 09/30/2024 at 10:24 a.m. for R3 documented. Called pharmacy at (Phone Number), spoke with (Name of Pharmacy Technician) pharm tech, regarding Panoxyl liquid soap. stated that an OTC (over the counter) authorization form needs to be sent for medication d/t due to it's not covered by insurance and that facility will be billed. will inform NP.</p> <p>(continued on next page)</p>		

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<p>F 0755</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Some</p>	<p>The nurse's note dated 09/30/2024 at 10:53 a.m. for R3 documented Weekly skin observation completed. Other skin concerns: Rash to upper body sides of trunk and back (acne vulgaris current treatment).</p> <p>The nurse's note dated 10/02/2024 for R3 documented, Panoxyl External Liquid. Apply to body topically (on the skin) one time a day for acne np (nurse practitioner)/pharmacy notified.</p> <p>The nurse's note dated 10/03/2024 for R3 documented, Panoxyl External Liquid. Apply to body topically one time a day for acne. np/pharmacy notified.</p> <p>The nurse's note dated 10/08/2024 for R3 documented, Panoxyl External Liquid. Apply to body topically one time a day for acne. np/pharmacy notified.</p> <p>The nurse's note dated 10/11/2024 for R3 documented, Panoxyl External Liquid. Apply to body topically one time a day for acne. np/pharmacy notified.</p> <p>The nurse's note dated 10/12/2024 for R3 documented, Panoxyl External Liquid. Apply to body topically one time a day for acne. np/pharmacy notified.</p> <p>The nurse's note dated 10/13/2024 for R3 documented, Panoxyl External Liquid. Apply to body topically one time a day for acne.</p> <p>The nurse's note dated 10/14/2024 for R3 documented, Panoxyl External Liquid. Apply to body topically one time a day for acne.</p> <p>The nurse's note dated 10/15/2024 for R3 documented, Panoxyl External Liquid. Apply to body topically one time a day for acne. Ordered.</p> <p>The nurse's note dated 10/16/2024 for R3 documented, Panoxyl External Liquid. Apply to body topically one time a day for acne. dont have.</p> <p>The facility's Omnicell (automated medication dispensing system) inventory list failed to evidence Panoxyl was available in the Omnicell system.</p> <p>On 9/9/25 at 12:09 p.m., ASM #5, the facility pharmacist, was interviewed. He stated for all order submissions on weekdays the pharmacy has cutoff times of 11:00 a.m. and 11:00 p.m. Any medication order submitted to the pharmacy before 11:00 a.m. will be delivered on the standard pharmacy run, sometime between 5:00 p.m. and 8:00 p.m. that evening (depending on traffic and other external factors). Any medication order submitted between 11:00 am and 11:00 p.m. will be delivered sometime between 4:00 a.m. and 8:00 a.m. the following morning. He stated if a resident is a new admission and arrives at the facility after the 11:00 a.m. cutoff time, the facility should either use the Omnicell medication supply, or the facility can call the pharmacy and request a stat (urgent) delivery.</p> <p>(continued on next page)</p>		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  495389	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED  09/11/2025
NAME OF PROVIDER OR SUPPLIER  Winchester Health & Rehabilitation		STREET ADDRESS, CITY, STATE, ZIP CODE  110 Lauck Dr Winchester, VA 22603	
For information on the nursing home's plan to correct this deficiency, please contact the nursing home or the state survey agency.			
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<p>F 0755</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Some</p>	<p>On 9/9/25 at 9:23 a.m., ASM (administrative staff member) #3, the assistant director of nursing, was interviewed. She stated orders for new residents are placed in the electronic medical record and directly transmitted to the pharmacy. The pharmacy delivers them as soon as possible. She added: We can also have them stat delivered. She explained the facility has an Omnicell system that contains many standard medications, but not all. The nurse should check the Omnicell before determining that a medication is unavailable. She stated if there is a medication ordered that the facility is not able to obtain, the facility staff will ask the family members to bring in the medication from home. She stated the physician should be notified if a medication is unavailable for administration. The physician should have the opportunity to order a different medication, or to say that it is okay for the resident to go without the medication for a certain amount of time.</p> <p>The facility's policy Unavailable Medications documented, Policy. Medications used by residents in the nursing facility may be unavailable for dispensing from the pharmacy on occasion. This may be due to the pharmacy being temporarily out of stock of a particular product, a drug recall, or manufacturer's shortage of an ingredient, or may be a permanent situation due to the medication no longer being produced. The facility must make every effort to ensure that medications are available to meet the needs of each resident. Procedure. The pharmacy staff shall: 1. Notify nursing staff that the order product(s) is/are unavailable. 2. Notify nursing staff of when it is anticipated that the drug(s) will become available. 3. Suggest alternative, comparable drug(s) and dosage of drug(s) that is/are available. The nursing staff shall: 1. Notify the attending physician (or on-call physician when applicable) of the situation and explain the circumstances, expected availability, and alternative therapy(ies) available. If the facility nurse is unable to obtain a response from the attending physician or on-call physician, the nurse should notify the nursing supervisor and contact the Facility Medical Director for orders and/or direction. 2. Obtain a new order and cancel/discontinue the order for the non-available medication. 3. Notify the pharmacy of the replacement order.</p> <p>On 09/09/2025 at approximately 1:45 p.m. ASM (administrative staff member) #1, administrator, ASM #2, director of nursing, ASM #3, assistant director of nursing and ASM #6, regional director of clinical services, were made aware of the above findings.</p> <p>No further information was provided prior to exit.</p> <p>Reference:</p> <p>(1) Works by killing the bacteria that cause acne. The information was obtained from the website: <a href="https://medlineplus.gov/druginfo/meds/a603024.html">https://medlineplus.gov/druginfo/meds/a603024.html</a>.</p> <p>2. For R11, facility staff failed to administer Clotrimazole (1) on 05/30/3035, Aripiprazole (2) and Fluticasone-Salmeterol (3) on 05/31/2025.</p> <p>R11 was admitted to the facility with diagnoses that included but were not limited to bipolar disorder, pulmonary hypertension blood pressure in the lungs higher than normal, causing the heart to work harder) and muscle weakness.</p> <p>The physician's order for R11 documented in part:</p> <p>Aripiprazole Oral Tablet 5 (five) MG (milligrams). Give 1 (one) tablet by mouth one time a day for bipolar disorder. Order Date: 5/30/2025.</p> <p>(continued on next page)</p>		

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NAME OF PROVIDER OR SUPPLIER  Winchester Health & Rehabilitation		STREET ADDRESS, CITY, STATE, ZIP CODE  110 Lauck Dr Winchester, VA 22603	
For information on the nursing home's plan to correct this deficiency, please contact the nursing home or the state survey agency.			
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<p>F 0755</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Some</p>	<p>Fluticasone-Salmeterol 500-50 MCG/ACT (microgram/actuation) Aerosol Powder, breath activated. 1 (one) puff inhale orally one time a day related to TYPE 2 DIABETES MELLITUS WITH DIABETIC CHRONIC KIDNEY DISEASE. Order Date: 5/31/2025.</p> <p>Clotrimazole Mouth/Throat Troche (medicated lozenge)10 MG. Give 1 tablet by mouth five times a day for Candidiasis Fungal infection (yeast infection) of the Oropharynx (back of the throat). Order Date: 5/30/2025.</p> <p>The eMAR (electronic medication administration record) dated May 2025 for R11 documented the physician's orders as stated above. The eMAR coded a 9 (nine) on 05/30/2025 for Clotrimazole and a 9 on 05/31/2025 for Aripiprazole and Fluticasone-Salmeterol. The eMAR Chart Code documented in part, 9= Other / See progress Notes.</p> <p>The facility's nurse's note dated 05/30/2025 at 10:30 p.m. for R11 documented Clotrimazole Mouth/Throat Troche 10 MG. Give 1 tablet by mouth five times a day for Candidiasis Fungal infection of the Oropharynx. Medication on order unavailable in back stock.</p> <p>The facility's nurse's note dated 05/31/2025 for R11 documented, Fluticasone-Salmeterol 500-50 MCG/ACT Aerosol Powder, breath activated. 1 puff inhale orally one time a day related to TYPE 2 DIABETES MELLITUS WITH DIABETIC CHRONIC KIDNEY DISEASE . Pending delivery.</p> <p>The facility's nurse's note dated 05/31/2025 at 11:15 p.m. for R11 documented, Aripiprazole Oral Tablet 5 MG. Give 1 tablet by mouth one time a day for bipolar disorder. pending delivery.</p> <p>The facility's Omnicell (automated medication dispensing system) inventory list failed to evidence Clotrimazole 10 MG, Aripiprazole 5MG and Fluticasone-Salmeterol 500-50 MCG were available in the Omnicell system.</p> <p>The EHR (electronic health record) for R11 was reviewed. The EHR failed to evidence documentation that the physician was notified of Clotrimazole 10 MG, Aripiprazole 5MG and Fluticasone-Salmeterol 500-50 MCG was not available for administration to R11 on 05/30/2025 and 05/31/2025.</p> <p>On 09/09/2025 at approximately 1:45 p.m. ASM (administrative staff member) #1, administrator, ASM #2, director of nursing, ASM #3, assistant director of nursing and ASM #6, regional director of clinical services, were made aware of the above findings.</p> <p>No further information was provided prior to exit.</p> <p>References:</p> <p>(1) Used to treat fungal skin infection. This information was obtained from the website: <a href="https://medlineplus.gov/druginfo/meds/a618059.html">https://medlineplus.gov/druginfo/meds/a618059.html</a>.</p> <p>(2) Used to treat schizophrenia (a mental illness that affects how a person thinks, feels and behaves) bipolar disorder (a disease that causes depression, mania, and other abnormal moods). This information was obtained from the website: <a href="https://medlineplus.gov/druginfo/meds/a603012.html">https://medlineplus.gov/druginfo/meds/a603012.html</a>.</p> <p>(continued on next page)</p>		

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<p>F 0755</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Some</p>	<p>(3) Used to treat difficulty breathing, wheezing, shortness of breath, coughing, and chest tightness caused by asthma. This information was obtained from the website: <a href="https://medlineplus.gov/druginfo/meds/a699063.html">https://medlineplus.gov/druginfo/meds/a699063.html</a>.</p> <p>3. For Resident #1 (R1), the facility pharmacy failed to provide medications for administration on 5/20/25.</p> <p>A review of R1's clinical record revealed the following progress note dated 9/20/25 at 4:00 p.m.: Resident arrived in a W/C (wheelchair) to floor Little before 1500 (3:00 p.m.). Pleasant and cooperate (sic) with staff. Resident alert and orient (sic) x 3. Resident receives Hemodialysis Tue (Tuesday), Thurs (Thursday), and Saturday.</p> <p>A review of R1's orders revealed, in part: Colesevelam (to treat high cholesterol) 625 mg (milligrams) Give 1 tablet by mouth two times a day.</p> <p>Lyrica (to treat nerve pain) 25 mg Give 1 capsule by mouth two times a day.</p> <p>Senokot (laxative) 8.6 mg Give 2 tablets by mouth two times a day.</p> <p>Sevelamer Carbonate (to treat high phosphorus blood levels) 800 mg Give 2 tablets by mouth with meals.</p> <p>A review of R1's May 2025 MAR (medication administration record) revealed he did not receive any of these medications as ordered at 5:00 p.m. on 5/20/25. Each of these medications was documented as not having yet been received from pharmacy at that time.</p> <p>On 9/9/25 at 9:23 a.m., ASM (administrative staff member) #3, the assistant director of nursing, was interviewed. She stated orders for new residents are placed in the electronic medical record and directly transmitted to the pharmacy. The pharmacy delivers them as soon as possible. She added: We can also have them stat delivered. She explained the facility has an Omnicell system that contains many standard medications, but not all. The nurse should check the Omnicell before determining that a medication is unavailable. She stated if there is a medication ordered that the facility is not able to obtain, the facility staff will ask the family members to bring in the medication from home. She stated the physician should be notified if a medication is unavailable for administration. The physician should have the opportunity to order a different medication, or to say that it is okay for the resident to go without the medication for a certain amount of time.</p> <p>On 9/9/25 at 12:09 p.m., ASM #5, the facility pharmacist, was interviewed. He stated for all order submissions on weekdays the pharmacy has cutoff times of 11:00 a.m. and 11:00 p.m. Any medication order submitted to the pharmacy before 11:00 a.m. will be delivered on the standard pharmacy run, sometime between 5:00 p.m. and 8:00 p.m. that evening (depending on traffic and other external factors). Any medication order submitted between 11:00 am and 11:00 p.m. will be delivered sometime between 4:00 a.m. and 8:00 a.m. the following morning. He stated if a resident is a new admission and arrives at the facility after the 11:00 a.m. cutoff time, the facility should either use the Omnicell medication supply, or the facility can call the pharmacy and request a stat (urgent) delivery.</p> <p>On 9/9/25 at 1:45 p.m., ASM #1, the administrator and ASM #2, the director of nursing, were informed of these concerns.</p> <p>(continued on next page)</p>		

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<p>F 0755</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Some</p>	<p>No additional information was provided prior to exit.</p> <p>4. For Resident #12 (R12), the facility staff failed to ensure Gabapentin (1) was available for administration as ordered.</p> <p>The physician orders for R12 documented in part, Gabapentin Oral Tablet 800 MG (Gabapentin) Give 1 tablet by mouth every 8 hours for neuropathy. Order Date: 08/29/2025. Start Date: 08/29/2025.</p> <p>Review of the eMAR (electronic medication record) for R12 failed to evidence administration of the Gabapentin 800mg on 8/29/25 at 10:00 p.m., 8/30/25 at 6:00 a.m., 2:00 p.m., and 10:00 p.m. and 8/31/25 at 6:00 a.m. and 2:00 p.m.</p> <p>Review of the eMAR progress notes documented the medication being on order from the pharmacy.</p> <p>On 9/9/2025 at 9:23 a.m., an interview was conducted with ASM (administrative staff member) #3, the assistant director of nursing who stated that orders for new residents were placed in the electronic medical record and directly transmitted to the pharmacy. She stated that the pharmacy delivered them as soon as possible and also added, We can also have them stat delivered. ASM #3 explained the facility has an Omnicell system that contains many standard medications, but not all and the nurse should check the Omnicell before determining that a medication was unavailable. She stated if there was a medication ordered that the facility was not able to obtain, the facility staff would ask the family members to bring in the medication from home and the physician should be notified if a medication was unavailable for administration. ASM #3 stated that the physician should have the opportunity to order a different medication, or to say that it was okay for the resident to go without the medication for a certain amount of time.</p> <p>Review of the facility Omnicell inventory list documented the following strengths of Gabapentin available. Gabapentin 100mg capsule with a par level of 10 and Gabapentin 300mg capsule with a par level of 10.</p> <p>On 9/9/25 at 12:09 p.m., an interview was conducted with ASM #5, the facility pharmacist. He stated for all order submissions on weekdays the pharmacy had cutoff times of 11:00 a.m. and 11:00 p.m. and any medication order submitted to the pharmacy before 11:00 a.m. will be delivered on the standard pharmacy run, sometime between 5:00 p.m. and 8:00 p.m. that evening (depending on traffic and other external factors). He stated that any medication order submitted between 11:00 am and 11:00 p.m. will be delivered sometime between 4:00 a.m. and 8:00 a.m. the following morning. ASM #5 stated if a resident was a new admission and arrived at the facility after the 11:00 a.m. cutoff time, the facility should either use the Omnicell medication supply, or the facility can call the pharmacy and request a stat (urgent) delivery.</p> <p>On 9/9/2025 at 1:48 p.m., ASM #3, the assistant director of nursing, stated that it was difficult for staff to use the Gabapentin in the Omnicell if it was not the exact dosage and they had to obtain a new written prescription for the dosage in the Omnicell if they wanted to use what was on hand.</p> <p>On 9/9/2025 at 1:44 p.m., ASM #1, the administrator, ASM #2, the director of nursing and ASM #3, the assistant director of nursing were made aware of the findings.</p> <p>No further information was provided prior to exit.</p> <p>(continued on next page)</p>

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<p>F 0755</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Some</p>	<p>Reference: (1) Gabapentin capsules, tablets, and oral solution are used along with other medications to help control certain types of seizures in people who have epilepsy. Gabapentin capsules, tablets, and oral solution are also used to relieve the pain of postherpetic neuralgia (PHN; the burning, stabbing pain or aches that may last for months or years after an attack of shingles). Gabapentin extended-release tablets (Horizant) are used to treat restless legs syndrome (RLS; a condition that causes discomfort in the legs and a strong urge to move the legs, especially at night and when sitting or lying down). Gabapentin is in a class of medications called anticonvulsants. Gabapentin treats seizures by decreasing abnormal excitement in the brain. Gabapentin relieves the pain of PHN by changing the way the body senses pain. It is not known exactly how gabapentin works to treat restless legs syndrome. This information was obtained from the website: <a href="https://medlineplus.gov/druginfo/meds/a694007.html">https://medlineplus.gov/druginfo/meds/a694007.html</a></p>