STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	495105	A. Building B. Wing	11/30/2021

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Lynchburg Health & Rehabilitation Center	5615 Seminole Avenue Lynchburg, VA 24502

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** 29123 Based on staff interview, and in the course of a complaint investigation, the facility staff failed to promote dignity for one of four residents in the survey sample, Resident #1. Two staff members made verbal comments regarding the resident that did not respect his dignty. Findings were: Resident #1 was originally admitted to the facility on [DATE] and most recently readmitted on [DATE]. His diagnoses included, but were not limited to: cerebrovascular disease, pneumonia, disc degeneration, hypertensive chronic kidney disease, hypertension, malignant neoplasm of the prostate, dementia, and diabetes mellitus. A quarterly MDS (minimum data set) with an ARD (assessment reference date) of 09/21/2021, assessed Resident #1 as moderately impaired with a cognitive summary score of 10. A tour of the wing where Resident #1 had resided was conducted on 11/29/2021 at approximately 11:40 a.m. CNA (certified nursing assistant) #1 was interviewed and asked if he had worked with Resident #1 when he was a resident at the facility, and if so how often. He stated, Yes, I took care of him, but not a lot .it just depends on how many we have working, if it's five of us then I have the lower hall, if it's just four then I have his room too. He was asked if he had taken care of Resident #1 the day he left the facility to go to the hospital. He stated, Oh, yes. I had him .his daughter was here the day before to visit him (Resident #1) and he was a mess. She was mad. CNA #1 was asked what he meant by the He was a mess. He stated, He had eye boogers, he was soaked, his skin was all scaly and dry. He had a hole in his butt. He was asked if he had stated to Resident #1's daughter that she should see his ass. He stated, Yeah, I told her that .he had a big hole back there. He was asked how often Resident #1 had been changed and repositioned. He stated, When I would come in his room in the mornings, he would be soaked, his bed would be wet. He was a large man, they don't want to turn him and change him because it's hard work. LPN (licensed practical nurse) #2 was in the hallway. She was asked if she remembered Resident #1 and if so had she worked with him. She stated, Yes, I had him the day his daughter was in here. She was upset, screaming and hollering. She was asking me about him and I told her, that I didn't know much about him, I don't usually work with him, I didn't know his medical conditions. (continued on next page)

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
	495105	A. Building B. Wing	11/30/2021

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Lynchburg Health & Rehabilitation Center	5615 Seminole Avenue Lynchburg, VA 24502

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	The above information was discussed with Admin #3, a corporate nurse consultant on 11/30/2021 at approximately 10:00 a.m. He stated, The nurses know they are supposed to get the information if they don't have the answers the family needs. No further information was obtained prior to the exit conference on 11/30/2021.

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	495105	A. Building B. Wing	11/30/2021

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Lynchburg Health & Rehabilitation Center	5615 Seminole Avenue Lynchburg, VA 24502

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 0600 Level of Harm - Actual harm Residents Affected - Few	Protect each resident from all types of abuse such as physical, mental, sexual abuse, physical punishment, and neglect by anybody. **NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 21875 Based on resident interview, staff interview, facility document review and clinical record review, the facility staff failed to ensure fifty-four of 58 residents in the survey sample were free from neglect. Residents residing on the [NAME] unit that included Residents #201, #203, #205, #207 through #228 and #230 through #258, were not provided physician ordered medications and/or treatments during twelve consecutive hours starting on the evening of 2/7/22 due to no nurse working the unit. Facility staff, aware that no nurse was on the unit, made no attempt to ensure any medications/treatments were provided to the [NAME] unit residents during this 12-hour period. A nurse refused to administer Resident #207's pain medicines in response to the resident's verbal request for the medication. Resident #207 experienced significant pain during this time after missing scheduled doses of narcotic medication, resulting in harm. The findings include: Resident #207 was admitted to the facility on [DATE] with diagnoses that included morbid obesity, hypertension, chronic pain syndrome, schizoaffective disorder, depression, spinal stenosis, intervertebral disc disorder, lumbago and gastroesophageal reflux disease. The MDS dated [DATE] assessed Resident #207 as cognitively intact. Resident #207's clinical record documented current physician orders that included the following medications and treatments. Doxepin 150 mg at bedtime for depression Gabapentin 900 mg three times per day for neuropathy Methadone 2.5 mg every 8 hours for pain Morphine sulfate 30 mg four times per day for pain Aquaphor diaper rash cream 15% to bilateral inner thighs topically each day and evening shift for chaffing Resident #207's MAR documented these medications were not administered on the evening of 2/7/22 and the early morning of 2/8/22. The gabapentin was scheduled to be administered on 2/7/22 at 9:00 p.m., methadone, morphine sulfate and doxepin were scheduled for 2/8/22 at 12:00 a.m. and an additional dose of morphine sulfate was scheduled for 2/8/22 at 6:00 a.m. (continued on next page)

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	495105	A. Building B. Wing	11/30/2021

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Lynchburg Health & Rehabilitation Center	5615 Seminole Avenue Lynchburg, VA 24502

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 0600 Level of Harm - Actual harm Residents Affected - Few	On 2/8/22 at 2:05 p.m., licensed practical nurse (LPN) #1, working on the [NAME] unit was interviewed. LPN #1 stated she worked on 2/7/22 from 7:00 a.m. until 7:00 p.m. LPN #1 stated there was no nurse on the [NAME] unit when she left on 2/7/22 around 7:30 p.m. and she gave a verbal report to the unit manager on East unit prior to leaving the building. LPN #1 stated there was no nurse on the [NAME] unit when she arrived on 2/8/22 at 7:00 a.m. LPN #1 stated she did not know who was scheduled to work the evening and night shifts on [NAME] unit. LPN #1 stated there was currently no unit manager for the [NAME] unit. On 2/8/22 at 2:10 p.m., the director of nursing (DON) was interviewed about medications not administered to residents on the [NAME] unit on the evening of 2/7/22 and early morning of 2/8/22. The DON stated nurses had 24 hours to clarify and sign off a medication administration record (MAR) or treatment administration record (TAR). The DON had no explanation why the residents did not receive medications on the evening of 2/7/22 and stated she would research and clarify. The DON stated, We did have agency nurses last night. The DON stated LPN #2, LPN #3 and LPN #4 worked the evening shift. The DON stated that LPN #2 was the East unit manager and house supervisor on the 2/7/22 evening shift. On 2/8/22 at 3:35 p.m., the administrator, DON and corporate consultant (administration staff #3) met with the survey team and reported that no physician ordered medications and/or treatments were administered to any of the fifty-four (54) residents on the [NAME] unit from 2/7/22 at 7:00 p.m. until 2/8/22 at 7:00 a.m. The corporate consultant stated LPN #1 reported to the East unit manager (LPN #2) that all the evening medications on the [NAME] unit had been given when she left on 2/7/22 around 7:30 p.m. The DON stated LPN #2 was the house supervisor that evening and could have reassigned the nurses working on the facility's three units (East, South and West). The DON stated LPN #2 did not give medications on [NAME] during the evening shift because LPN#1 reported that all the medications on the unit had been given. The DON stated, There was a miscommunication at the shift change. The DON stated LPN #2, LPN #3 and LPN #4 worked in the building on the evening of 2/7/22 until 11:00 p.m. The DON stated LPN #2 and LPN #4 left on 2/7/22 at 11:00 p.m. with two nurses scheduled for the building starting at 11:00 p.m. The DON stated there was a call out on 2/7/22 prior to the night shift (11:00 p.m. to 7:00 a.m.) leaving LPN #3 as the only nurse in the building. The DON stated agency was contacted and LPN #5 reported to work on 2/7/22 at 11:00 p.m. The DON stated LPN #3 was on the East unit, LPN #5 was assigned to South unit and the two nurses were supposed to split the [NAME] unit. On 2/8/22 at 3:45 p.m., the East unit manager (LPN #2) was interviewed. LPN #2 stated she was working on East unit on 2/7/22 for 3:00 p.m. to 11:00 p.m. shift. LPN #2 stated that on 2/7/22 around 7:30 p.m., LPN #1 from [NAME] reported to her that she was leaving and all the medications on [NAME] unit had been given. LPN #2 stated she did not go to the [NAME] unit prior to leaving her shift at 11:00 p.m. LPN #2 stated, I couldn't do nothing. I was giving meds (medications) on East. LPN #2 stated there was no nurse on the [NAME] unit on 2/7/22 after 7:30 p.m. when LPN #1 went home, and she thought LPN #1 had given all the evening medications. LPN #2 stated, Nobody reported to me they didn't get meds. I wasn't aware. LPN #2 stated she and LPN #4 left the building on 2/7/22 at 11:00 p.m. leaving LPN #3 working the East unit until 2/8/22 at 7:00 a.m. LPN #2 stated an agency nurse was called in and reported to South unit on 2/7/22 around 11:00 p.m. to work the night shift. On 2/8/22 at 4:45 p.m., the administrator, DON and corporate consultant met again with the survey team. The DON stated on 2/7/22, that two nurses (LPN #3 and LPN #5) were the only nurses in the building from 11:00 p.m. until 2/8/22 at 7:00 a.m. The DON stated when only two nurses worked the building that they (nurses) knew to split the [NAME] unit. The DON stated there was no house supervisor on the night shift. (continued on next page)

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	495105	A. Building B. Wing	11/30/2021

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Lynchburg Health & Rehabilitation Center	5615 Seminole Avenue Lynchburg, VA 24502

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 0600 Level of Harm - Actual harm Residents Affected - Few	On 2/8/22 at 5:10 p.m., the DON stated that all prescribed medications and treatments were not administered on [NAME] unit on the 2/7/22 from 7:00 p.m. until 2/8/22 at 7:00 a.m. The DON stated again, There was a miscommunication at shift change. On 2/8/22 at 5:20 p.m., LPN #3 was interviewed by telephone about the evening/night of 2/7/22. LPN #3 stated she reported to work on 2/7/22 at 3:15 p.m. and worked until 2/8/22 at 7:00 a.m. LPN #3 stated she was assigned to work the East unit and helped out on the South unit after 7:00 p.m. LPN #3 stated on 2/7/22 at 11:00 p.m. she went back to the East unit, as LPN #5 came in to cover South after the scheduled nurse called out. LPN #3 stated she was not assigned to work the [NAME] unit. LPN #3 stated there were two nurses on [NAME] unit on 2/7/22 until 7:00 p.m. LPN #3 stated again she was never assigned to [NAME] unit on 2/7/22 and she was not aware there was no nurse on [NAME] unit until around 11:30 p.m. when Resident #207 called her on the phone and asked for her methadone pain medication. LPN #3 stated, I didn't know there was no nurse back there (West unit) until then. LPN #3 stated she told Resident #207 that she could not give her the medication because it was a narcotic and she did not count the narcotics on that unit at shift change. LPN #3 stated she was not comfortable giving narcotics on that unit because it might come back on me if the counts were wrong. LPN #3 stated after 2/7/22 at 11:00 p.m., she and LPN #5 were the only nurses in the building along with three CNAs. LPN #3 stated she did not check on residents on the [NAME] unit because she was working East. LPN #3 stated she told the CNA working on [NAME] to let her know of any problems. On 2/8/22 at 5:35 p.m., Resident #207 was interviewed about any missed medications on the evening of 2/7/22. Resident #207 stated she did not get any of her medications on 2/7/22 after 7:00 p.m. until 2/8/22 at 11:00 a.m. Resident #207 stated that on 2/7/22 she missed a 9:00 p.m. dose of gabapentin, on 2/8/22 at 12:00 a.m. missed a dose of methadone, morphine sulfate and a psych med and missed another dose of morphine sulfate scheduled for 2/8/22 at 6:00 a.m. Resident #207 stated that on 2/7/22 around 11:30 p.m., she reported to the CNA (certified nursing assistant) #5 that she needed a nurse to get her scheduled pain medications. Resident #207 stated CNA #5 checked with the nurse on East unit and reported to her that she was out of luck as there was no nurse on the unit (West). Resident #207 stated she called on her cell phone to the East unit and asked LPN (licensed practical nurse) #3 if she would come and give her the pain medications. Resident #207 stated LPN #3 told her no and that she was not her assigned nurse. Resident #207 stated when she asked who her assigned nurse was, LPN #3 told her she did not have a nurse this shift. Resident #207 stated she then called the other unit (South). Resident #207 stated whoever answered the phone on South stated the nurse was in with a resident. Resident #207 stated she reported that she needed her pain, psych meds and asked for the nurse to call her when possible. Resident #207 stated she did not know who answered the phone but that person told her if the nurse could come she would and if not, she (nurse) won't. Resident #207 stated she never got a visit or a call from either nurse. Resident #207 stated there was a CNA working the unit on the evening/night of 2/7/22 but she saw no nurse after 7:00 p.m. until the day shift reported the next morning (2/8/22). Resident #207 stated she was in a lot of pain due to missed doses of methadone and morphine. Resident #207 stated she had pain in her arms and lower back and rated pain during the early morning of 2/8/22 as a 9 almost 10 (on scale of 0 = no pain, 10 = worst pain). Resident #207 stated she almost called 911 to go to the emergency room because nobody was here to care for her. Resident #207 stated she could not sleep due to the pain, was up and down all night and even emailed the corporate nursing consultant (administration #3) around 2:00 a.m. about not getting her medications. Resident #207 stated she last saw a nurse (LPN #1) on 2/7/22 around 7:00 p.m. and did not see another nurse until 2/8/22 around 11:00 a.m. when the day shift nurse brought her medications. (continued on next page)

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	495105	A. Building B. Wing	11/30/2021

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Lynchburg Health & Rehabilitation Center	5615 Seminole Avenue Lynchburg, VA 24502

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 0600 Level of Harm - Actual harm Residents Affected - Few	Resident #207's plan of care (revised 12/23/21) documented the resident had musculoskeletal pain, low back pain, lumbar degenerative joint disease and chronic pain due to physical disability. Interventions to eliminate and/or minimize pain included, Anticipate and meet needs .Medications as ordered .Administer analgesia per order .Encourage to try different pain relieving methods i.e. positioning, relaxation therapy, progressive relaxation, bathing, heat and cold application, muscle stimulation .Monitor/record/report to Nurse any s/sx (signs/symptoms) of non-verbal pain .Observe and report changes in usual routine, sleep patterns, decrease in functional abilities . The plan of care documented the resident had depression and altered psychosocial well-being due to schizoaffective disorder. Interventions to prevent sad mood, depression and promote psychosocial well-being included, Administer medications as ordered .Allow the resident time to answer questions and to verbalize feelings perceptions, and fears .Increase communication between resident/family/caregivers about care .Monitor/document resident's usual response to problems . On 2/8/22 at 8:30 p.m., CNA #1 working on the [NAME] unit was interviewed. CNA #1 stated he worked the [NAME] unit on the evening of 2/7/22 until 11:00 p.m. CNA #1 stated the nurses on the unit left on 2/7/22 around 7:30 p.m. CNA #1 stated after 7:30 p.m. there was no nurse on the entire unit and he was the only CNA. CNA #1 stated he saw no nurses come to the unit and check on residents from 7:30 p.m. until 11:00 p. m. When asked if any residents needed a nurse during his shift, CNA #1 stated Resident #207 asked to see a nurse about her medications and Resident #257 asked to see a nurse I think about an earache. CNA #1 stated he told them a nurse would come as soon as possible because, I didn't want to say there was no nurse. On 2/9/22 at 3:00 p.m., the DON was interviewed again about medications/treatments not administered with no nurse working the [NAME] unit. The DON stated LPN #3 was aware when only two nurses were in the building that the nurses had to split the [NAME] unit. The DON stated she talked with unit manager LPN #2 and LPN #3 by telephone during the evening on 2/7/22. The DON stated LPN #2 was upset because she had to work the East medication cart and LPN #3 was upset because there were only two nurses for the night shift. The DON stated she told them everyone was frustrated and that they all had to work together as a team. The DON stated nobody called or reported to her that Resident #207 needed pain medications or about residents not getting medications/treatments on West. The DON stated she was aware there were only two nurses working the building after 11:00 p.m. but thought the nurses knew to split the [NAME] unit. On 2/10/22 at 2:40 p.m., CNA #2 was interviewed. CNA #2 stated the two nurses on the unit left on 2/7/22 at 7:00 p.m. CNA #2 stated there were no nurses on [NAME] unit when she left on 2/7/22 at 7:00 p.m. (continued on next page)

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	495105	A. Building B. Wing	11/30/2021

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Lynchburg Health & Rehabilitation Center	5615 Seminole Avenue Lynchburg, VA 24502

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 0600 Level of Harm - Actual harm Residents Affected - Few	The clinical records for all residents on the [NAME] unit were reviewed by the survey team regarding missed medications and/or treatments on the evening of 2/7/22 and early morning of 2/8/22 when no nurse provided care and services on the unit. In addition to Resident #207, fifty-three other residents on the unit (#201, #203, #205, #208 through #228 and #230 through #258) missed scheduled medications and/or treatments that included enteral tube feedings/flushes, blood sugar checks for diabetic management, tubing changes/site care related to enteral feedings/oxygen administration, and care for a urinary catheter. Medications that were not administered included a variety of prescriptions and over-the counter medicines for treatment of diagnoses that included hypertension, hyperlipidemia, glaucoma, muscle spasticity, constipation/bowel management, congestion, mood disorder, prostatic hyperplasia, depression, insomnia, pain, vitamin/nutrition deficiencies, neuropathy, seizures, arthritis, dementia, atrial fibrillation and diabetes. Physician ordered treatments not provided to the [NAME] unit residents on the evening of 2/7/22 and early morning of 2/8/22 included topical medications/creams for dry/chaffed skin, joint pain, skin tears/wounds and pressure ulcer prevention/care. Quality of care deficiencies were cited for the fifty-four [NAME] unit residents that were not provided medications/treatments on the evening of 2/7/22 and early morning of 2/8/22. Care related deficiencies were cited at F684, F686, F690, F692, F693, F695 and F697. The facility's policy titled Ancillary Nursing Care and Services (effective 11/01/19) documented, Nursing personnel will provide basic nursing care and services following accepted standards of practice guidelines recognized by state boards of nursing as informed by national nursing organizations and as evidenced by hiring individuals who graduate from an approved nursing school and/or nurse aide curriculum and have successfully passed a licensing and/or certification examination. The facility's abuse/neglect prevention policy titled Patient Protection (effective 1/23/20) documented, There is a zero tolerance for mistreatment, abuse, neglect, misappropriation of property, or any crime against a patient .Patients of the Center have the legal right to be free from verbal, sexual, mental and physical abuse . All employees are responsible for immediately reporting to the Administrator, or in their absence, the Director of Nursing, or their immediate supervisor any and all suspected or witnessed incidents of patient abuse, neglect, theft, exploitation and/or mistreatment . These findings were reviewed with the administrator, director of nursing and corporate nursing consultant on 2/9/22 at 3:00 p.m.

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	495105	A. Building B. Wing	11/30/2021

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Lynchburg Health & Rehabilitation Center	5615 Seminole Avenue Lynchburg, VA 24502

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. **NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 29123 Based on staff interview, clinical record review, and in the course of a complaint investigation, the facility staff failed to accurately complete a discharge MDS (minimum data set) for one of 4 residents, Resident #1. Findings were: Resident #1 was originally admitted to the facility on [DATE] and most recently readmitted on [DATE]. His diagnoses included, but were not limited to: cerebrovascular disease, pneumonia, disc degeneration, hypertensive chronic kidney disease, hypertension, malignant neoplasm of the prostate, dementia, and diabetes mellitus. A quarterly MDS (minimum data set) with an ARD (assessment reference date) of 09/21/2021, assessed Resident #1 as moderately impaired with a cognitive summary score of 10. A stage 2 pressure ulcer was identified on Resident #1's buttocks on 10/28/2021. The discharge transfer summary completed by LPN (licensed practical nurse) dated 11/07/2021 documented that Resident #1 had a stage 2 pressure injury at the time of discharge. At the time of his transfer to a local hospital on 11/07/2021, the discharge MDS did not identify Resident #1 as having any pressure areas. On 11/30/2021, hospital records were obtained. Per the admission history and physical report, Resident #1, Daughter mentioned a likely decubitus ulcer for which will need wound care . A wound care progress note dated 11/08/2021 contained the following information: .patient's first wound is a sacral pressure injury stage III. The wound bed is pink and there is a scant amount of odorous drainage . The MDS nurse was interviewed on 11/29/2021 at 4:00 p.m., regarding the discharge MDS. She looked at the documentation and stated, The information was there, we didn't code it properly on the MDS. I'll make the correction. The above information was discussed with the DON (director of nursing), the administrator, and the corporate nurse consultant during an end of survey meeting on 11/30/2021. No further information was obtained prior to the exit conference on 11/30/2021.

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	495105	A. Building B. Wing	11/30/2021

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Lynchburg Health & Rehabilitation Center	5615 Seminole Avenue Lynchburg, VA 24502

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 0677 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Provide care and assistance to perform activities of daily living for any resident who is unable. **NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 29123 Based on staff interview, clinical record review, and in the course of a complaint investigation, the facility staff failed to provide ADL care for one of four residents, Resident #1. Resident #1 was observed by a family member with dried skin and lips, eyes stuck together, and a dirty face. Findings were: Resident #1 was originally admitted to the facility on [DATE] and most recently readmitted on [DATE]. His diagnoses included, but were not limited to: cerebrovascular disease, pneumonia, disc degeneration, hypertensive chronic kidney disease, hypertension, malignant neoplasm of the prostate, dementia, and diabetes mellitus. A quarterly MDS (minimum data set) with an ARD (assessment reference date) of 09/21/2021, assessed Resident #1 as moderately impaired with a cognitive summary score of 10. Section G, Functional Status, coded Resident #1 as needing extensive assistance of 2+ persons physical assist for bed mobility, extensive assistance of one person for toilet use, was totally dependant on staff with one person physician assist for personal hygiene and bathing. A tour of the wing where Resident #1 had resided was conducted on 11/29/2021 at approximately 11:40 a.m. CNA (certified nursing assistant) #1 was interviewed and asked if he had worked with Resident #1 when he was a resident at the facility, and if so, how often. He stated, Yes, I took care of him, but not a lot .it just depends on how many we have working, if it's five of us then I have the lower hall, if it's just four then I have his room too. He was asked if he had taken care of Resident #1 the day he left the facility to go to the hospital. He stated, Oh, yes. I had him .his daughter was here the day before to visit him and he was a mess. She was mad. CNA #1 was asked what he meant by He was a mess. He stated, He had eye boogers, he was soaked, his skin was all scaly and dry. When you took off his socks it looked like snow flakes. He was asked why Resident #1 was in that condition. He stated, It's neglect .When I would come in his room in the mornings, he would be soaked, his bed would be wet. He was a large man, they don't want to turn him and change him because it's hard work the day that his daughter was here and she was so upset, I just hadn't gotten to him yet, but I got him all cleaned up for her. The clinical record documented the following: 11/07/2021 11:32 (a.m.) Resident's daughter voiced concerns about the appearance of her father. She stated the he [sic] face looked like it had not been washed and that her father looked like he was declining . (continued on next page)

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	495105	A. Building B. Wing	11/30/2021

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Lynchburg Health & Rehabilitation Center	5615 Seminole Avenue Lynchburg, VA 24502

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 0677 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	11/07/2021 13:52 (1:52 p.m.) Resident Daughter (name) in building visiting her father on Saturday 11-6-21 had some concerns about his Appearance and his over all health, and areas to his sacrum. Stated that her dad face looked like it had been washed or even had a bathe (sic), lips was dry and crushed (sic) and skin was dry she washed him up herself. (Name) returned today, Staff had given Resident a good bed bath, Shaved, lotion him down, 3- person assisted into recliner chair with Hoyer lift. hair combed, teeth brushed Nurse into to do Dressing change to sacrum. Resident rolled into Restorative dinning with his Oxygen on 2/l via Nc (nasal cannula) where Daughter could sit down and visited with him. Daughter was very please with have (sic) he look today, voice that he should look like this every day. but was still little upset concerning his appearance on yesterday. Voice that she wanted him up daily and Recliner chair, that she will start coming daily to visit him. Writer Educate staff on importance of bathing and grooming and Corrective Action will be taken. LPN (licensed practical nurse) #3 who wrote the note on 11/07/2021 at 1:52 p.m. was interviewed on 11/30/2021 at approximately 10:50 a.m. about her note and the corrective action. She stated, I got the whole staff down there together, I told them there's no sense in a resident being in that condition. What if that was your momma or daddy. I told them they need to be bathing these residents and getting them up. It was a verbal corrective action. No further information was obtained prior to the exit conference on 11/30/2021.

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	495105	A. Building B. Wing	11/30/2021

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Lynchburg Health & Rehabilitation Center	5615 Seminole Avenue Lynchburg, VA 24502

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

(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (Each deficiency must be preceded by full regulatory or LSC identifying information)
F 0684 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Provide appropriate treatment and care according to orders, resident's preferences and goals. **NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 28106 Based on staff interview, clinical record review, facility document review, and in the course of complaint investigation, the facility failed to assess and monitor a change in bowel movements for one of 4 resident's, Resident #2. Resident #2 went 6 days with no bowel movement and no interventions were implemented. The findings include: Resident #2 was admitted to the facility on [DATE]. Diagnoses for Resident #2 included: Renal failure, stroke, feeding tube placement secondary to dysphagia, and constipation. The most current MDS (minimum data set) was a quarterly assessment with an ARD (assessment reference date) of 9/15/21. Resident #2 was assessed with a cognitive score of 9 indicating moderate cognitive impairment. On 11/29/21 Resident #2's medical record was reviewed. A nursing note dated 10/20/21 documented Resident refused bolus feeding at this time due to episodes of nausea this am [sic]. Will continue to monitor. A nurse practitioners note dated 10/22/21 documented: Patient being evaluated today for nausea and diarrhea. On 10/20/21 nursing staff stated patient was having periods of feeling full not eating well. He was having some nausea and felt it was related to him getting a total of 437 ml of feeding flushes [NAME] 4 hours. Nursing staff felt that the patient was feeling extra full causing him to be nauseous and not wanting to eat regular meals. The enteral flushes were decreased from 200 ML to 100 ML every 4 hours. According to the nursing staff today, patient has had 2 episodes of diarrhea and 2 episodes of vomiting which consisted of a small amount of liquid fluid. [.]. Another nurse practitioners note dated 10/25/21 documented Patient being evaluated today for follow up for nausea, vomiting, diarrhea [.] Currently today he tells me that he has not had any diarrhea or vomiting, however he does feel nauseous. He tells me he does not feel like eating at all [.]. He does state that he feels weak [.] Resident #2's bowel movement record was then reviewed for the month of October 2021 and revealed Resident #2 was having daily bowel movements from 10/1/21 through 10/14/21, then no bowel movements from 10/15/21 through 10/20/21 (time period just prior to being seen by the nurse practitioner), and a bowel movement on the night shift of 10/21/21. Resident #2's nurses notes for the time period of 10/15/21 through 10/20/21 also did not indicate that Resident #2 was having bowel movements. Review of the facilities policy titled Constipation Prevention read in part Patients will be monitored for regular bowel elimination as evidenced by a bowel movement every three days or as determined by individual assessment [.]. 1. Nurse will routinely review to determine patients in need of intervention to facilitate bowel movement. 2. Assess the patient for the following symptoms of constipation [.] B. Loss of appetite C. General malaise G. Frequent bouts of diarrhea I. Nausea and/or vomiting. (continued on next page)

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	495105	A. Building B. Wing	11/30/2021

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Lynchburg Health & Rehabilitation Center	5615 Seminole Avenue Lynchburg, VA 24502

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

(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (Each deficiency must be preceded by full regulatory or LSC identifying information)
F 0684 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	The policy also instructed the nursing staff to initiate interventions and contact physician for any orders. On 11/30/21 at 9:25 AM, the nurse practitioner (other staff, OS #2) was interviewed. OS #2 said she was not made aware that Resident #2 had not had a bowel movement in a 6 day period and relied on nursing staff to report information like this directly to her as she does not have access to a resident's bowel movement report. OS #2 agreed that feeling full, not wanting to eat, nausea, vomiting and diarrhea are all common signs of constipation or possible impaction and said had she known that Resident #2 had not had a bowel movement then it could have pushed her in another direction of possibly getting an x-ray or checking for an impaction. On 11/30/21 at 10:10 AM the director of nursing (DON) was made aware of the above finding. The DON said not having a bowel movement for more than 3 days should have been reported to the nurse practitioner or the physician. No other information was provided prior to exit conference on 11/30/21.

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	495105	A. Building B. Wing	11/30/2021

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Lynchburg Health & Rehabilitation Center	5615 Seminole Avenue Lynchburg, VA 24502

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 0686 Level of Harm - Actual harm Residents Affected - Few	Provide appropriate pressure ulcer care and prevent new ulcers from developing. **NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 29123 Based on staff interview, family interview, clinical record review, and in the course of a complaint investigation, the facility staff failed to provide necessary care and treatment to promote the healing of a pressure ulcer, for one of four residents, Resident #1. The consultant wound nurse practitioner assessed the wound on 11/02/2021 and deemed it a Stage II pressure injury. Recommendations were not implemented, and further assessment was not conducted on the wound after two staff members identified a change, or prior to discharge to the hospital on 11/07/2021. At the time of admission to the hospital the wound was identified as a Stage III pressure ulcer. Findings were: Resident #1 was originally admitted to the facility on [DATE] and most recently readmitted on [DATE]. His diagnoses included, but were not limited to: cerebrovascular disease, pneumonia, disc degeneration, hypertensive chronic kidney disease, hypertension, malignant neoplasm of the prostate, dementia, and diabetes mellitus. A quarterly MDS (minimum data set) with an ARD (assessment reference date) of 09/21/2021, assessed Resident #1 as moderately impaired with a cognitive summary score of 10. Section G, Functional Status, coded Resident #1 as needing extensive assistance of 2+ person's physical assist for bed mobility, extensive assistance of one person for toilet use, was totally dependent on staff with one person physical assist for personal hygiene and bathing. Section H, Bowel and Bladder assessed Resident #1 as always incontinent of urine and bowel. Section M, Skin Conditions, assessed Resident #1 as not being at risk for the development of pressure ulcers/injuries, with the use of a pressure reducing device for his bed. On 11/29/2021 at approximately 10:00 a.m., Resident #1's family member was interviewed. She stated, Thank you .I can't believe the shape he was in when he left there .his bedsore was as big as my fist. The wound center at the hospital looked at it .they said it probably wouldn't heal. Weekly skin assessments for October and November were reviewed. The evaluation on 10/27/2021 documented the following: Skin intact without impairment? No; Wound(s) present: Yes; Are any wounds pressure related? No; Site: Right buttock; Type: Other MASD; Stage: II Site: Left buttock; Type: Other MASD; Stage: II (continued on next page)

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	495105	A. Building B. Wing	11/30/2021

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Lynchburg Health & Rehabilitation Center	5615 Seminole Avenue Lynchburg, VA 24502

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 0686 Level of Harm - Actual harm Residents Affected - Few	Resident with Stage II to left and right buttock, measuring 5 X 5 cm circular areas with skin off, wound be [sic] red, with small amount of bloody drainage, no odor, cleanse with soap [a]nd water pat dry, applied Calmoseptine Cream to areas, reposition with pillow for relief off sacrum. Wound: Location of Wound: Right buttock .Date acquired: 10/27/2021; Visible Observation of Tissue: granulation tissue present (beefy red), Moist. Percentage of Wound involvement: 100% .Drainage present/Tunneling/Undermining/description of periwound: Not answered. Describe wound edges: Irregular shape .Special equipment: Specialty bed mattress .Wound: Location of Wound: Left buttock .Date acquired: 10/27/2021; Visible Observation of Tissue: granulation tissue present (beefy red), Moist. Percentage of Wound involvement: Not Answered; Drainage: Yes; Type of Drainage: Sanguineous: bloody drainage; Amount: Small; Tunneling: No; Undermining: No; Description of periwound: Dry intact; Describe wound edges: irregular . A nursing progress note dated 10/28/2021 at 12:52 a.m., documented: Resident with stage 2 to left and Right Buttocks measuring 5 X 5 cm circular shape, skin off wound bed beefy red, with small amount of bloody drainage, cleaned with soap and water pat dry, applied Calmoseptine Ointment. Pericare administered, ointment applied, reposition with pillow underneath back side. Physician orders dated 10/28/2021 included, Referral to in house wound care team for stage 2 to buttocks . Calmoseptine Ointment 0.44-20.6% (Menthol-Zinc Oxide) Apply to right/left buttocks topically every shift for stage 2 r/t (related to) MASD for 14 days. The wound care nurse practitioner, OS (Other staff) #3 assessed Resident #1 on 11/02/2021 and documented the following, .Chief Complaint: Comprehensive skin and wound evaluation for Pressure Injury to sacrum .Review of systems: .patient is obese, morbidly obese .Genitourinary: Heavily incontinent . Wounds: Large stage 2 pressure injury to sacrum that extends to bilateral buttocks. See TA (tissue analytics) for full wound assessment details .PRIMARY DIAGNOSIS ICD 10 Ulcer, Sacral Ulcer/sacral/stg 2 .Wound plan of care: Patient is at high risk for this wound overcompensating due to his morbid obesity, heavy incontinence, and immobility. See Tissue Analytics Documentation for full wound description and plan of care. Plan of Care Assessment & Plan - Patient has a pressure injury; Pressure reduction and turning precautions discussed with staff at time of visit recommended, including heel protection and pressure reduction to bony prominences. Staff educated on all aspects of care. Factors Affecting Healing: Patient has frequent incontinence which can decrease healing rate of wound. Recommend providing incontinence care as needed, PRN (as needed). Increased moisture at wound site can promote poor prognosis of wound healing. Please keep wound site covered and avoid contamination with feces at all times. Other elements of Patient Evaluation: Staff made aware that wound rounds were completed and of any changes in treatment plan. The Tissue Analytics referred to in OS #3's note was located in the clinical record and contained the following: Length: 4.72 cm Width: 5.51 cm LXW [Length x width]: 26.01 cm (continued on next page)

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	495105	A. Building B. Wing	11/30/2021

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Lynchburg Health & Rehabilitation Center	5615 Seminole Avenue Lynchburg, VA 24502

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 0686 Level of Harm - Actual harm Residents Affected - Few	Depth: 0.10 cm Total: 12.04 cm Date Wound Acquired: 11/02/2021 % epithelization: 100 Depth (cm): 0.10 Other: Zinc barrier cream Wound status: New Acquired in House: Yes Etiology: Pressure Ulcer-Stage 2 Drain Amount: Moderate Drain Description: Serosanguinous Odor: No odor Periwound: Fragile Dressing change frequency: Daily Cleanse Wound With: Wound Cleanser Pressure Reduction/Offloading: Ensure compliance with turning protocol, Elevate legs regularly, Wedge/foam cushion for offloading, Wheelchair Cushion, Mattress Overlay Secondary Dressing: See notes PUSH Score: 16 Resident #1's physician orders were reviewed. There were no orders for the use of wound cleanser to clean Resident #1's wound. There were no orders for heel protectors, mattress overlay, wheelchair cushion, or a turning protocol. The care plan included the following focus area dated 10/28/2021: Resident has actual skin impairment to left/right buttocks Stage 2 r/t MASD was observed, with interventions of, Keep skin clean and dry. Moisture barrier cream as needed for protection of skin. Weekly skin assessment. The care plan also included a focus area for .Incontinence r/t immobility with the goal, Resident will remain free from skin breakdown due to incontinence and brief use, and intervention of, Ensure the resident has an unobstructed path to the bathroom. INCONTINENT: Peri-care as needed . (continued on next page)

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	495105	A. Building B. Wing	11/30/2021

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Lynchburg Health & Rehabilitation Center	5615 Seminole Avenue Lynchburg, VA 24502

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 0686 Level of Harm - Actual harm Residents Affected - Few	There were no other interventions listed on the care plan for turning frequency, the use of a wedge/foam cushion to off load pressure areas, heel protectors, or a mattress overlay. An additional weekly skin evaluation completed by the facility staff and dated 11/03/2021 contained the following: Skin intact without impairment? No; Wound(s) present: Yes; are any wounds pressure related? Yes; Site: Sacrum Resident currently has a Stage II wound on sacrum. Treatment in place. No other areas of the evaluation were completed. A tour of the wing where Resident #1 had resided was conducted on 11/29/2021 at approximately 11:40 a.m. CNA (certified nursing assistant) #1 was interviewed and asked if he had worked with Resident #1 when he was a resident at the facility and if so how often. He stated, Yes, I took care of him, but not a lot .it just depends on how many we have working, if it's five of us then I have the lower hall, if it's just four then I have his room too. He was asked if he had taken care of Resident #1 the day he left the facility to go to the hospital. He stated, Oh, yes. I had him .his daughter was here the day before to visit him (Resident #1) and he was a mess. She was mad. CNA #1 was asked what he meant by the He was a mess. He stated, .He was soaked, his skin was all scaly and dry. He had a hole in his butt. He was asked if he had stated to Resident #1's daughter that she should see his ass. He stated, Yeah, I told her that .he had a big hole back there. He was asked if he had told the nursing staff about the hole on Resident #1's bottom, and if so who he had reported it to. He stated, Yes, I told them, I don't remember who was working that day. He was asked how often Resident #1 had been changed and repositioned. He stated, When I would come in his room in the mornings, he would be soaked, his bed would be wet. He was a large man, they don't want to turn him and change him because it's hard work. CNA #1 was asked if Resident #1 had an air mattress on his bed while he was at the facility. He stated, I don't remember, he had one of those big beds. At approximately 12:30 p.m., the wound care nurse practitioner, OS #3 was interviewed over the phone regarding Resident #1. She stated she had only seen the resident one time on 11/02/2021. She stated, I am looking at my notes now .he had a stage two pressure injury, it was from his sacrum to his bilateral buttocks, it wasn't full thickness and it was superficial 4.72 centimeters in length, 5.51 centimeters in width, there wasn't any depth. It was pink. She was asked if there were any open areas, she stated, No, he had an indentation the size of my finger. She was asked if the indentation was an open area. She stated, No, there wasn't an opening .I think it was part of his anatomy .I am looking at a picture that I took of the area now .the facility has access to that and can show you what I am talking about. She was asked what she thought had caused his areas on his buttocks. She stated, From what I remember he had an air mattress, he was incontinent, obese, he wasn't getting up .when I saw the patient he really wasn't able to participate in the exam. She was asked if the pressure injury was avoidable. She stated, I don't know if they were completely avoidable, I only saw him once .he was heavily incontinent .I've never been asked that before .from what I saw he had an air mattress and turning protocol .I ordered the barrier cream .he may have had some scarred tissue there that is more fragile than the original skin .I really don't know enough about him to answer that question. (continued on next page)

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	495105	A. Building B. Wing	11/30/2021

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Lynchburg Health & Rehabilitation Center	5615 Seminole Avenue Lynchburg, VA 24502

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 0686 Level of Harm - Actual harm Residents Affected - Few	At approximately 12:45 p.m., Admin #4, one of the corporate nurse consultants was asked if she could access the picture taken by OS #3. At approximately 1:30 p.m. the photograph was reviewed. Observed on the photograph were two areas in a butterfly pattern on the left and right buttocks both pink in color. In the center of the two pink areas was a dark area, darker than the resident's skin. Admin #4 was asked if the area was the indentation described by OS #3. She stated, I don't know. OS #3 was contacted by Admin #4 and asked to come to the facility to clarify what was being seen on the photograph. OS #3 arrived at the facility at approximately 2:00 p.m. She looked at the photograph and stated, I was looking at it on an IPad, I don't see an indentation on this photograph. OS #3 was asked if there had been any open areas when she examined Resident #1. She stated, No. On 11/29/2021 at approximately 4:00 p.m., a meeting was held with the DON (director of nursing) and the administrator. The pressure reducing mattress coded on the quarterly MDS was discussed. The DON stated, That is just our regular mattress, everyone has that. On 11/30/2021 at 9:00 a.m., LPN #2 was interviewed, as she was the last nurse to document a dressing change on the TAR (treatment administration record) for 11/7/21. She was asked what the wound looked like that day. She stated, I had never seen it before .I put cream on it after I cleaned if off with wound cleanser it was pink there was an open area at the sacrum, the center of it was pink it was open, it wasn't black or anything . She was asked if she had measured the area or looked at the previous wound assessment so she would know if the area had changed. She stated, I didn't measure it .I don't think there was that much depth . they had told me it was getting better, but I don't know. The daughter was in there jumping up and down, and screaming. I was just trying to get it done and get out of there and calm her down. She was asked if there had been an air mattress or a wedge for positioning on the bed. She stated, No, I don't remember that. On 11/30/2021 at 9:20 a.m., OS #2, another nurse practitioner at the facility was interviewed regarding Resident #1. She was asked if she had seen Resident #1's wound. She stated, Yes, I ordered the cream for it and we consulted wound care. She was asked if there was an air mattress on his bed and if so was something that had to be ordered. She stated, I don't remember if there was or not and I don't know who makes the decision on those .the wound care team comes in and writes orders. The staff is responsible for putting them in the computer. She was shown the tissue analytics paperwork and asked if those were the wound care orders. She stated, Yes, I think so but I know she (OS #3) has had some concerns about the orders in the past and I encouraged her to talk to (name of the administrator). OS #2 was asked if the areas on Resident #1's buttocks were avoidable. She stated, With proper turning and changing diapers regularly it would be .the urine is acidic and if it lays on the skin it breaks it down. The skin is red at first and if treatment is put in place, it doesn't progress. On 11/30/2021 at approximately 9:30 a.m , Admin #3, another corporate nurse consultant and OS #3 were interviewed. OS #3 was asked about documentation on the tissue analytics paperwork were her orders for care. She stated, Those are my recommendations, I make the same ones on everyone I see. The facility can decide what they want to use. Admin #3 was asked about the recommendations made by OS #3 for heel protectors, mattress overlay, etc. He stated, It should be on the care plan if it was in place. Admin #3 was asked about the weekly skin evaluation dated 11/03/2021 that did not have measurements or additional information documented. He stated, When we hired this company to do wounds, the nurses don't have to do measurements anymore based on the agreement we have with the wound company .but if there is a change they should document it. (continued on next page)

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	495105	A. Building B. Wing	11/30/2021

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Lynchburg Health & Rehabilitation Center	5615 Seminole Avenue Lynchburg, VA 24502

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 0686 Level of Harm - Actual harm Residents Affected - Few	The discharge transfer summary dated 11/07/2021 documented that Resident #1 had a stage 2 pressure injury at the time of discharge. LPN #3 who completed the form was interviewed at approximately 10:50 a.m. She was asked if she had done a visual wound assessment prior to Resident #1 leaving the facility. She stated, No, he was already up in the chair. I didn't see the area. Review of the TAR (treatment record) indicated that LPN #3 had not provided wound care to Resident #1 since 11/01/2021, six days prior to his transfer. She was asked if she had based her documentation on 11/07/2021 on the wound appearance on 11/01/2021. She stated, Yes. LPN #3 was asked about the DTI (deep tissue injury) on Resident #1's right foot identified on the transfer summary. She state, Yes, it was just a little purple area, I put it on there. On 11/30/2021, hospital records for Resident #1 were obtained. The admission history and physical report documented, Daughter mentioned a likely decubitus ulcer for which will need wound care . A hospital wound care progress note dated 11/08/2021 contained the following information: .patient's first wound is a sacral pressure injury stage III. The wound bed is pink and there is a scant amount of odorous drainage. Orders have been placed for a dressing of: Cleanse with normal saline, apply Maxorb ag to wound bed ONLY, top with an bad and secure with Medipore, daily . The hospital discharge summary contained the following: Discharge Diagnosis .Sacral decubitus ulcer, Stage III .present on admission and seen by wound care . A meeting was held on at approximately 12:15 p.m., with the administrator, the DON, and Admin #3. The above information was discussed. Admin #3 was asked if the LPN #3 should have assessed Resident #1's wounds prior to transferring him to the hospital. He stated, Yes, that is how we train. He was asked if there was any policy or procedure regarding assessments of wounds. He stated, We don't have a policy on that, that's how we train our staff. That is what they are supposed to do. Concerns were voiced that two staff members, CNA #1 and LPN #2 had both identified an opened area described by one as a hole and the other as an open area with depth, on Resident #1's sacrum, without any further assessment or documentation regarding the area. Recommendations made by the wound care nurse practitioner were not implemented or care planned, there was no evidence provided that an air mattress was in place for Resident #1, and when he was transferred to the local hospital, his pressure injuries were not assessed prior to leaving the facility. Upon arrival to the local hospital he was assessed as having a Stage III to his sacrum. The administrator, the DON, and Admin #3 were informed that harm was identified. No further information was obtained prior to the exit summary on 11/30/2021.

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	495105	A. Building B. Wing	11/30/2021

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Lynchburg Health & Rehabilitation Center	5615 Seminole Avenue Lynchburg, VA 24502

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 0690 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Provide appropriate care for residents who are continent or incontinent of bowel/bladder, appropriate catheter care, and appropriate care to prevent urinary tract infections. **NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 29123 Based on staff interview and clinical record review, the facility staff failed to provide catheter care for one of 58 residents, Resident #252. Foley catheter care was not provided per physician order during the night shift on 02/07/2022. Findings were: Resident #252 was admitted to the facility on [DATE] with the following diagnoses, including but not limited to: autistic disorder, hypertension, Atrial fibrillation, obesity, flaccid neuropathic bladder, and mild cognitive impairment. A quarterly MDS with an ARD of 01/14/2022 assessed Resident #252 as moderately impaired with a cognitive summary score of 08. Resident #252's clinical record was reviewed on 02/10/2022 at approximately 8:30 a.m. The physician orders included: Check Foley anchor placement q (every) shift, and Foley care q shift for care and output. The care plan contained the focus area: The resident has indwelling urinary catheter r/t (related to) atonal bladder. Goals included: The resident will show no s/sx (signs/symptoms) of Urinary infection through review date. The resident will be/remain free from catheter-related trauma through review date. Interventions included but were not limited to: Catheter care as ordered; Monitor and document intake and output as ordered; Monitor/document for pain/discomfort due to catheter . Review of Resident #252's February TAR (treatment administration record) documented the above interventions and treatments, were not provided as ordered during the night shift on 02/07/2022. On 02/08/2022 at 3:35 p.m. the administrator, DON (director of nursing), and corporate nurse consultant (administrative staff #3) met with the survey team and reported that no physician ordered medications or treatments were administered to any residents (which included Resident #252) on the [NAME] unit from 7:00 p.m. on 02/07/2022 until 7:00 a.m. on 02/08/2022. The above information was discussed with the director of nursing, the administrator, and both nurse consultants, during a meeting at approximately 12:15 p.m. on 02/10/2022. No further information was obtained prior to the exit conference on 02/10/2022.

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	495105	A. Building B. Wing	11/30/2021

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Lynchburg Health & Rehabilitation Center	5615 Seminole Avenue Lynchburg, VA 24502

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 0692 Level of Harm - Actual harm Residents Affected - Few	Provide enough food/fluids to maintain a resident's health. **NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 29123 Based on staff interview, clinical record review, facility document review, and in the course of a complaint investigation, the facility failed to ensure one of fifty-eight residents in the survey sample did not have a significant weight loss, and failed to ensure six of fifty eight residents received tube feeding and flushes for hydration as ordered by the physician. Resident #204 lost a total of 57.7 pounds (23.89%) from the time of admission on 08/07/2021 until his hospital admission on 10/24/2021. The significant weight loss was not identified by facility staff and no nutrition interventions were put into place to prevent further loss, resulting in harm. Residents #208, #209, #210, #247, #201 and #222 did not receive tube feedings or flushes for hydration from 7:00 p.m. on 02/07/2022 until 07:00 a.m. on 02/08/2022. Findings were: 1. Resident #204 was admitted to the facility on [DATE] with diagnoses including but not limited to: syphilis, multiple sclerosis, encephalopathy, hypertension, and dementia. A quarterly MDS (minimum data set) with an ARD (assessment reference date) of 09/07/2021 assessed Resident #204 as severely impaired with a cognitive summary score of 05. Under section K0200 Height and Weight Resident #204's height was listed as 70 inches, no weight was recorded, and section K0300 Weight Loss was coded as No or unknown. Resident #204's clinical record was reviewed on 02/08/2022 beginning at approximately 2:00 p.m and included the following: An admission assessment dated [DATE] which included, F. Cardiac/Circulation and assessed Resident #204's Pulse as Regular rate and rhythm. Also, under Section F were questions regarding edema: Edema present, Location of Edema, Pitting, none of those questions were marked as present. Resident #204's capillary refill was documented as (symbol meaning less than or equal to) 3 sec (seconds) -Normal. A Rehabilitation Services Screen was completed by the speech language patholigist on 08/09/2021. A speech therapy evaluation was not recommended. The current diet order was Heart Healthy diet Level 7 - Regular texture, Regular Liquids consistency. No fluid restriction was ordered. The current care plan included, Nutrition Risk r/t (related to) recent hospitalization , medical dxs (diagnoses), therapeutic diet d/t HTN (due to hypertension) and edema, elevated BMI. Focus: Resident will avoid significant weight change through next review. Interventions included: Weights per protocol, Monitor/document/report PRN (as needed) s/sx of dysphagia (difficulty swallowing) . The following weights were recorded: 08/07/2021 242.88 lbs (pounds) (continued on next page)

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	495105	A. Building B. Wing	11/30/2021

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Lynchburg Health & Rehabilitation Center	5615 Seminole Avenue Lynchburg, VA 24502

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 0692 Level of Harm - Actual harm Residents Affected - Few	09/01/2021 241.2 lbs 10/04/2021 198.3 lbs The weight from 10/04/2021 had been stricken through and a note from the RD (registered dietitian) was written on 10/07/2021 indicating, Incorrect Documentation. There were no other weights in the clinical record. A Malnutrition Universal Screening Tool was completed for Resident #204 on 08/09/2021, 08/24/2021, and 09/06/2021. All three tools documents were identical using the admission weight from 08/07/2021. Resident #204 was assessed with a BMI (body mass index) score of greater than 20, no unplanned weight loss in the past 3-6 months, and the question Is the patient acutely ill and there has been or is likely to be no nutritional intake for > 5 days? was marked as No. All three documents were completed by the RD. There was no other nutrition assessment or documentation by the RD. The following note was written on 10/07/2021, Culinary Director spoke to resident at bedside about the dining program and reviewed food preferences. Dietary management system updated and IDT (inter-disciplinary team) will honor resident's preferences and requests. Culinary Director if available to follow up with resident to review food preferences as consulted or requested. A note written on 10/21/2021 documented, Ate 50% or less for 2 or more meals in one day. Offered a snack after meal. There were no other notes in the clinical record regarding meal/ fluid intake or weights. At approximately 2:30 p.m. on 02/08/2022, the DON (director of nursing) was interviewed about the weight protocol used by the facility. She stated, We weigh everyone within 24 hours of admission, weekly for four weeks, and everyone is weighed at least monthly unless they refuse .if they refuse we document that in the progress notes. Then we notify the physician and the RP (responsible party) and of course we try again later or the next day. Resident #204 was sent to a local hospital on 10/24/2021 after being observed by the nursing staff as very lethargic, cold to touch with shallow breathing. A progress noted in the clinical record dated 10/25/2021 documented: Resident admitted for AKI (acute kidney injury), hypernatremia, septic shock, dehydration, elevated troponins, chronic encephalopathy. Hospital records were reviewed. The emergency department note written on 10/24/2021 documented that Resident #204 weighed 84 kilograms (185.18 pounds) at the time of arrival to the emergency room . A difference of 57.7 pounds (23.8%) since his admission to the facility on [DATE]. (continued on next page)

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	495105	A. Building B. Wing	11/30/2021

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Lynchburg Health & Rehabilitation Center	5615 Seminole Avenue Lynchburg, VA 24502

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 0692 Level of Harm - Actual harm Residents Affected - Few	On 02/10/2022 at 10:45 a.m., the RD was interviewed regarding Resident #204. He was asked why he had marked through the weight recorded in the clinical record on 10/04/2021. He stated, I am sure we discussed that as a team. I marked through it because it is very unlikely that someone would lose that much weight in a month .it was likely to be inaccurate. We usually weigh the residents on Monday and then we meet on Thursdays .he should have been reweighed before that meeting. The RD was asked if he had asked for a reweigh on Resident #204. He stated, No, I don't ask for reweights. He was asked if he felt marking through a licensed nurse's documentation and labeling it as inaccurate without discussing it with the nurse was appropriate. He stated, The resident's weight was stable for the first month, it is unlikely that he lost 50 pounds in one month. The RD was informed of Resident #204's weight at the time of admission to the hospital. He stated, I don't know that I would have done anything differently .the policy states the weight will be verified within five days when there is a variance of five pounds .nursing should have reweighed him. The RD was asked how he knew whether or not the weight he struck was a reweight. He stated, That's a good point. The nurse practitioner that cared for Resident #204 was interviewed on 02/10/2022 at 11:45 a.m. She was asked if she had noticed Resident #204 losing weight. She stated, I only saw him acutely when something happened .I saw him in August for behaviors, in September because he broke his glasses and he had a sore on his nose, and again because he had a fall. I did his recert in October and I used the weight from September .I didn't notice that his weight didn't look right .If I see someone for weights it is because it has been brought to my attention by the nursing staff or the RD. I don't remember anyone mentioning that. On 02/10/2022 at 12:10 p.m., during a meeting with the DON, the administrator and two corporate nurse consultants, the above information was discussed. Concerns were voiced that Resident #204 had lost 23.8% of his body weight while at the facility; weights were not obtained per facility protocol; and weights had been marked through in the clinical record by the RD without follow-up. There was no documentation in the clinical record regarding Resident #204 refusing to eat, refusing to be weighed, or any interventions to monitor his weight and/or prevent weight loss. The DON was asked what should have happened. She stated, He should have been weighed per our policy, a reweight should have been obtained. LPN #1 who documented the weight on 10/04/2021 that was marked through by the RD was interviewed on 02/10/2022 at approximately 2:40 p.m. She was asked if she remembered Resident #204. She confirmed that she did. She was asked about the weight obtained on 10/04/2021 and if a reweight had been obtained due to the difference of 44 pounds since the previous weight. She stated, I am sure that was the reweight. She was asked if Resident #204 had been refusing to eat. She stated, He fed himself, I don't remember him refusing to eat. On 02/20/2022, at approximately 2:45 p.m., CNA (certified nursing assistant) #2 was interviewed about Resident #204. She stated, I never took care of him .but I remember him. He drank his drinks, sometimes he refused to eat. She was asked if the nursing staff had been notified that he refused to eat and how often that happened. She stated, I'm not sure how often it happened, I don't know if anyone told the nurses or not. At 3:00 p.m. on 02/10/2022 two additional CNAs were interviewed about Resident #204. CNA #4 stated that she had taken care of Resident #204, He fed himself, he hardly ate . CNA #5 stated, He was mean, he ate a lot of fruit. (continued on next page)

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	495105	A. Building B. Wing	11/30/2021

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Lynchburg Health & Rehabilitation Center	5615 Seminole Avenue Lynchburg, VA 24502

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 0692 Level of Harm - Actual harm Residents Affected - Few	The policy Weight Monitoring and Tracking dated 11/01/2019 contained the following: The Director of Nursing is responsible for ensuring patients are weighed in a timely manner .Nursing staff is responsible for recording weight in the patient medical record; All patients will be weighed on admission/readmission and weekly X 4 weeks, or until the interdisciplinary team determines weight is stable, then monthly thereafter if weight is stable; Weights will be verified within five days when a weight variance of 5 # (pounds) from last weight and/or significant weight change is identified. No further information was obtained prior to the exit conference on 02/10/2022. 2. Resident #208 was admitted to the facility on [DATE] with the following diagnoses, including but not limited to: dysphagia, hemiplegia, acute kidney failure, depression, and hypertension. A quarterly MDS (minimum data set) with an ARD (assessment reference date) of 12/20/2021, assessed Resident #208 as having problems with both long and short term memory and severely impaired with daily decision making skills. Resident #208's clinical record included the following physician orders: Enteral Feed Order every 4 hours 220 ml H2O flush via PEG tube Enteral Feed Order every 4 hours Osmolite 1.5 @ 237 ml bolus feed via PEG tube The care plan was reviewed and included, The resident requires tube feeding r/t (related to) dysphagia, swallowing problem. He is at risk for aspiration with lowering HOB (head of bed) . Interventions included: Provide TF (tube feeding) per order; Provide water flushes per MD order. Review of Resident #208's February MAR (medication administration record) documented water flushes were not provided at 8:00 p.m. on 02/07/2022, or at midnight and 4:00 a.m. on 02/08/022, for a total of 660 cc of water not given. Resident #208 also did not receive Osmolite 1.5 bolus feedings at 8:00 p.m. on 02/07/2022, or at midnight and 4:00 a.m. on 02/08/2022, for a total of 711 cc (1066.5 calories) of tube feeding not provided. 3. Resident #209 was admitted to the facility on [DATE] with the following diagnoses, including but not limited to: cerebral infarct, hemiplegia, aphasia, and hypertension. A quarterly MDS with an ARD of 12/23/2021, assessed Resident #209 as having problems with both long and short term memory and severely impaired with daily decision making skills. Resident #209's clinical record included the following physician orders: Enteral Feed Order every 4 hours 200 ml H2O flush via PEG tube Enteral Feed Order every 4 hours Osmolite 1.5 @ 237 ml bolus feed via PEG tube The care plan was reviewed and included, The resident requires tube feeding r/t dysphagia. Interventions included: Provide TF per order; Provide water flushes per MD order. (continued on next page)

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	495105	A. Building B. Wing	11/30/2021

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Lynchburg Health & Rehabilitation Center	5615 Seminole Avenue Lynchburg, VA 24502

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 0692 Level of Harm - Actual harm Residents Affected - Few	Review of Resident #209's February MAR documented water flushes were not provided at 8:00 p.m. on 02/07/2022, or at midnight and 4:00 a.m. on 02/08/022, for a total of 600 cc of water not given. Resident #208 also did not receive Osmolite 1.5 bolus feedings at 8:00 p.m. on 02/07/2022, or at midnight and 4:00 a.m. on 02/08/2022, for a total of 711 cc (1066.5 calories) of tube feeding not provided. 4. Resident #210 was admitted to the facility on [DATE] with the following diagnoses, including but not limited to: cerebral infarct, Alzheimer's, adult failure to thrive, and dysphagia. A quarterly MDS with an ARD of 11/29/2021, assessed Resident #210 as having problems with both long and short term memory and severely impaired with daily decision making skills. Resident #210's clinical record included the following physician orders: Enteral Feed Order every 4 hours 300 ml H2O flush via PEG tube Enteral Feed Order 4 times per day for nutrition Jevity 1.5 Cal @ 237 ml bolus via PEG tube The care plan was reviewed and included,The resident requires tube feeding r/t inability to consume adequate po (by mouth) to maintain weight, and adequate nutritional status d/t (due to) feeding problems r/t dx (diagnoses) dementia, multiple CVA (cerebral vascular accidents), slightly elevate BMI. Interventions included: Provide TF per order; Provide water flushes per order. Review of Resident #210's February MAR documented water flushes were not provided at 10:00 p.m. on 02/07/2022, or at 2:00 a.m. and 4:00 a.m. on 02/08/022, for a total of 900 cc of water not given. Resident #210 also did not receive Jevity 1.5 Cal bolus feedings at midnight and 6:00 a.m. on 02/08/2022, for a total of 474 cc (711 calories) of tube feeding not provided. 5. Resident #247 was admitted to the facility on [DATE] with the following diagnoses, including but not limited to: Peripheral vascular disease, hypertension, hypothyroidism, and dysphagia. An annual MDS with an ARD of 11/18/2021 assessed Resident #247 as moderately impaired with a cognitive summary score of 10. Resident #247's clinical record included the following physician orders: Enteral Feed Order every 6 hours 275 ml H2O flush via PEG tube The care plan was reviewed and included,The resident requires tube feeding r/t swallowing problem. Interventions included: Provide water flushes per MD order. Review of Resident #247's February MAR documented water flushes were not provided at midnight or 6:00 a.m. on 02/08/2022, for a total of 550 cc of water not provided. The above information was discussed with the director of nursing, the administrator, and both nurse consultants, during a meeting at approximately 12:15 p.m. on 02/10/2022. No further information was obtained prior to the exit conference on 02/10/2022. Surveyor: Wood, [NAME] (continued on next page)

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	495105	A. Building B. Wing	11/30/2021

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Lynchburg Health & Rehabilitation Center	5615 Seminole Avenue Lynchburg, VA 24502

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 0692 Level of Harm - Actual harm Residents Affected - Few	6. Resident #201 was admitted to the facility on [DATE] with a readmission on 1/12/21. Diagnoses for Resident #201 included Alzheimer's, pneumonitis, dysphagia, hypertension, mood (affective) disorder, prostatic hyperplasia, atherosclerotic heart disease, anxiety, depression and atrial fibrillation. The MDS dated [DATE] assessed Resident #201 with severely impaired cognitive skills. Resident #201's clinical record documented current physician orders for the following enteral feedings/flushes to meet the resident's nutritional and hydration needs: 7/10/21 - Enteral feed order - Jevity 1.5 @ 474 ml (milliliters) bolus three times per day 7/10/21 - Flush feed tube with 250 ml of water every 4 hours 1/13/21 - Flush feed tube with 20 to 30 ml of water before and after each medication pass Resident #201's medication administration record (MAR) documented the Jevity bolus (474 mls) was not administered on the 2/7/22 at 8:00 p.m. as scheduled. This amount was 1/3 of the resident's daily feeding formula requirement (711 calories). The MAR documented water flushes scheduled every four hours were not administered via the feeding tube on 2/7/22 at 8:00 p.m., 2/8/22 at 12:00 a.m. and 2/8/22 at 4:00 a.m. resulting in 750 ml of the 1500 ml daily water flushes (50%) not provided. Medications scheduled for 2/7/22 at 8:00 p.m., 9:00 and on 2/8/22 at 6:00 a.m. were not administered and therefore no water was provided with medication passes. Resident #201's plan of care (revised 2/1/22) documented the resident was at risk of dehydration, was at nutritional risk due NPO (nothing by mouth) status and requirement for tube feeding due to dysphagia and esophageal dysmotility. Interventions to prevent dehydration, prevent weight loss and avoid tube feeding complications included, .Monitor/document report PRN s/sx (signs/symptoms) of dehydration .the HOB (head of bed) elevated 30-45 degrees at all times .Check for tube placement and gastric contents/residual volume per facility protocol and record. Hold feed if greater than 500 cc aspirate .Monitor/document/report PRN (as needed) s/sx of: Aspiration .Provide TF (tube feeding) as ordered .Provide water flushes per MD order . Provide Tube Feeding and water flushes per order . 7. Resident #222 was admitted to the facility on [DATE] with diagnoses that included persistent vegetative state, traumatic cerebral edema, cerebrovascular accident (stroke) diabetes and joint contractures. The MDS dated [DATE] assessed Resident #222 as comatose with cognitive skills unable to be assessed. Resident #222's clinical record documented current physician orders for the following enteral feedings/flushes to meet the resident's nutritional and hydration needs: 12/2/20 - Enteral feeding of Osmolite 1.0 at 70 ml/hour via PEG (percutaneous endoscopic gastrostomy) 6/18/20 - Water flushes 150 ml every 4 hours via PEG tube (continued on next page)

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	495105	A. Building B. Wing	11/30/2021

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Lynchburg Health & Rehabilitation Center	5615 Seminole Avenue Lynchburg, VA 24502

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 0692 Level of Harm - Actual harm Residents Affected - Few	Resident #222's MAR documented no amount of Osmolite administered on the evening or night shift of 2/7/22. The MAR documented no water flushes were administered on 2/7/22 at 8:00 p.m., 2/8/22 at 12:00 a. m. and on 2/8/22 at 4:00 a.m. as scheduled. This resulted in 450 ml out of the ordered 900 ml daily water (50%) not administered. Resident #222's plan of care (revised 12/2/21) documented the resident was at risk of dehydration due to tube feeding, required tube feeding due to dysphagia, had a history of weight loss and was at risk of nutrition/dehydration due to dependence upon tube feedings. Interventions to prevent dehydration, weight loss and complications from tube feeding included, .Administer medications as ordered . Monitor/document/report PRN any s/sx of dehydration .observe for further episodes of vomiting and observe for signs of aspiration .the HOB elevated 30-45 degrees during and thirty minutes after tube feed .Check tube for placement and gastric contents/residual volume per facility protocol and record .Provide TF and flushes as ordered . On 2/8/22 at 3:35 p.m., the administrator, DON and corporate consultant (administration staff #3) met with the survey team and reported that no physician ordered medications and/or treatments were administered to any of the residents on the [NAME] unit from 2/7/22 at 7:00 p.m. until 2/8/22 at 7:00 a.m. The DON stated LPN #2 was the house supervisor that evening and could have reassigned the nurses working on the facility's three units (East, South and West). The DON stated LPN #2, LPN #3 and LPN #4 worked in the building on the evening of 2/7/22 until 11:00 p.m. The DON stated LPN #2 and LPN #4 left on 2/7/22 at 11:00 p.m. with two nurses scheduled for the building starting at 11:00 p.m. The DON stated LPN #3 was on the East unit, LPN #5 was assigned to South unit and the two nurses were supposed to split the [NAME] unit. On 2/8/22 at 4:45 p.m., the administrator, DON and corporate consultant met again with the survey team. The DON stated last night (2/7/22) that two nurses (LPN #3 and LPN #5) were the only nurses in the building from 11:00 p.m. until 2/8/22 at 7:00 a.m. The DON stated when only two nurses worked the building that they (nurses) knew to split the [NAME] unit. The DON stated there was no house supervisor on the night shift. On 2/8/22 at 5:10 p.m., the DON again stated that all prescribed medications and treatments were not administered on [NAME] unit on the 2/7/22 from 7:00 p.m. until 2/8/22 at 7:00 a.m. The DON stated, There was a miscommunication at shift change. These findings were reviewed with the administrator, director of nursing and corporate consultant during a meeting on 2/9/22 at 3:00 p.m. No further information was provided to the survey team regarding the missed enteral feedings and flushes. 21875

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	495105	A. Building B. Wing	11/30/2021

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Lynchburg Health & Rehabilitation Center	5615 Seminole Avenue Lynchburg, VA 24502

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

(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (Each deficiency must be preceded by full regulatory or LSC identifying information)
F 0693 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Some	Ensure that feeding tubes are not used unless there is a medical reason and the resident agrees; and provide appropriate care for a resident with a feeding tube. **NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 21875 Based on staff interview and clinical record review, the facility staff failed to provide care and services for gastrostomy tubes for eight of 58 residents in the survey sample. Nurses failed to provide Residents #201, #208, #209, #210, #219, #222, #226 and #247 tube feeding site care and/or monitoring for tube feeding complications as ordered and required in the plan of care. The findings include: 1. Resident #201 was admitted to the facility on [DATE] with a readmission on 1/12/21. Diagnoses for Resident #201 included Alzheimer's, pneumonitis, dysphagia, hypertension, mood (affective) disorder, prostatic hyperplasia, atherosclerotic heart disease, anxiety, depression and atrial fibrillation. The minimum data set (MDS) dated [DATE] assessed Resident #201 with severely impaired cognitive skills. Resident #201's clinical record documented current physician orders regarding feeding tube care: 1/13/21 - Check tube placement before initiation of formula, medication administration and flushing tube or at least every 8 hours 1/13/21 - Observe each shift for signs of dehydration, nausea, vomiting, distention, diarrhea, reflux, constipation and breaths sound each shift 7/10/21 - Record residual each shift and contact hospice if residual exceeds 250 mls (milliliters) 1/13/21 - Aspiration precautions every shift; elevate head of bed 30 to 45 degrees at all times during feeding Resident #201's medication administration record (MAR) documented tube placement check, gastric residual measurement, signs of complications and aspiration precautions were not completed on 2/7/22 on the night shift as scheduled. Resident #201's plan of care (revised 2/1/22) documented the resident had a feeding tube due to dysphagia. Interventions to prevent feeding tube complications included, .resident needs the HOB (head of bed) elevated 30-45 degrees at all times .Check for tube placement and gastric contents/residual volume per facility protocol and record. Hold feed if great than 500 cc aspirate .Monitor/document/report PRN (as needed) any s/sx (signs/symptoms) of: Aspiration-fever, SOB (shortness of breath), Tube dislodged, Infection at tube site, Self-extubation, Tube dysfunction or malfunction, Abnormal breath sounds .Provide local care to G-tube site as ordered . 2. Resident #219 was admitted to the facility on [DATE] with diagnoses that included cerebrovascular accident (stroke), atrial fibrillation, hypertension, depression, heart failure, dysphagia, dysarthria and tachycardia. The MDS dated [DATE] assessed Resident #219 as cognitively intact. (continued on next page)

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	495105	A. Building B. Wing	11/30/2021

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Lynchburg Health & Rehabilitation Center	5615 Seminole Avenue Lynchburg, VA 24502

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

(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (Each deficiency must be preceded by full regulatory or LSC identifying information)
F 0693 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Some	Resident #219's clinical record documented physician orders dated 1/12/22 to provide Complete tube site care every night shift and an order dated 3/18/21 to ensure the PEG (percutaneous endoscopic gastrostomy) tubing was anchored each shift. Resident #219's treatment administration record (TAR) documented no PEG site care on the night shift on 2/7/22 and no check of the PEG anchor on the evening or night shift on 2/7/22. There were no nursing notes on 2/7/22 documenting any assessment and/or monitoring of the PEG site. Resident #219's plan of care (revised 1/31/22) listed the resident had a feeding tube due to dysphagia. Interventions to prevent complications related to the tube included, .Monitor/document/report PRN any s/x of: Aspiration-fever, SOB, Tube dislodged, Infection at tube site, Self-extubation, Tube dysfunction or malfunction, Abnormal breath sounds .Provide local care to G-tube site as ordered and monitor for s/sx of infection . 3. Resident #222 was admitted to the facility on [DATE] with diagnoses that included persistent vegetative state, traumatic cerebral edema, cerebrovascular accident (stroke) diabetes and joint contractures. The MDS dated [DATE] assessed Resident #222 as comatose with cognitive skills unable to be assessed. Resident #222's clinical record documented current physician orders for the following regarding care of the resident's feeding tube. 8/8/18 - Every night shift, change syringe and tube set and label with time, date, formula and resident name 4/21/18 - Check tube placement before initiation of formula, medication administration and flushing tube every 8 hours 4/21/18 - Complete tube site care every shift 4/21/18 - Observe for signs of dehydration, nausea, vomiting, distention, diarrhea, reflux, constipation and breath sounds each shift 10/16/18 - Check tube feed residual every shift and hold tube feeding if greater than 500 ml with notification to MD/NP (physician/nurse practitioner) Resident #222's MAR documented no change of the syringe and tubing set, no checking of tube placement, no tube site care, no checking of residual and no monitoring for sign/symptoms of complication on 2/7/22 during the night shift. Resident #222's plan of care (revised 12/2/21) documented the resident required tube feeding due to traumatic brain injury and dysphagia. Interventions to prevent complications related to the tube feedings included, .resident needs the HOB elevated 30-45 degrees at all times .Check tube for placement and gastric contents/residual volume per facility protocol and record .Monitor/document/report PRN any s/sx of: Aspiration - fever, SOB, Tube dislodged, Infection at tube site, Self-extubation, Tube dysfunction or malfunction, Abnormal breath/lung sounds .Provide local care to G-tube site as ordered and monitor for s/sx of infection (continued on next page)

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	495105	A. Building B. Wing	11/30/2021

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Lynchburg Health & Rehabilitation Center	5615 Seminole Avenue Lynchburg, VA 24502

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

(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (Each deficiency must be preceded by full regulatory or LSC identifying information)
F 0693 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Some	4. Resident #226 was admitted to the facility on [DATE] with diagnoses that included hypertension, hyperlipidemia, aphasia, cerebrovascular accident (stroke), depression, history of breast cancer and GERD (gastroesophageal reflux disease). The MDS dared 1/6/22 assessed Resident #226 with short and long-term memory problems and severely impaired cognitive skills. Resident #226's clinical record documented a physician's order dated 12/15/21 to clean old PEG site with wound cleanser, apply dry dressing each day until healed. Resident #226's treatment administration record documented no PEG site care on 2/7/22. Resident #226's plan of care (revised 1/20/22) documented the resident had an actual skin impairment related to an old peg site to left lower quad of abdomen. Interventions to promote intact skin included, Treatment as ordered. 29123 5. Resident #208 was admitted to the facility on [DATE] with the following diagnoses, including but not limited to: dysphagia, hemiplegia, acute kidney failure, depression, and hypertension. A quarterly MDS (minimum data set) with an ARD (assessment reference date) of 12/20/2021, assessed Resident #208 as having problems with both long and short term memory and severely impaired with daily decision making skills. Resident #208's clinical record included the following physician orders: Enteral Feed Order every shift .check and record resident residuals q (every) shift. Contact physician if residual exceeds 500 mls. The care plan was reviewed and included, The resident requires tube feeding r/t (related to) dysphagia, swallowing problem. He is at risk for aspiration with lowering HOB (head of bed) . Interventions included: Check for tube placement and gastric contents/residual volume per facility protocol and record . Review of Resident #208's February MAR (medication administration record) documented residuals were not checked or recorded as ordered during the night shift on 02/07/2022. 6. Resident #209 was admitted to the facility on [DATE] with the following diagnoses, including but not limited to: cerebral infarct, hemiplegia, aphasia, and hypertension. A quarterly MDS with an ARD of 12/23/2021, assessed Resident #209 as having problems with both long and short term memory and severely impaired with daily decision making skills. Resident #209's clinical record included the following physician orders: Enteral Feed Order every night shift. Change syringe daily. Change set daily and label for time, date, formula and name. Enteral Feed Order every shift. Check and record residuals Q shift. Contact physician if residual (continued on next page)

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	495105	A. Building B. Wing	11/30/2021

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Lynchburg Health & Rehabilitation Center	5615 Seminole Avenue Lynchburg, VA 24502

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

(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (Each deficiency must be preceded by full regulatory or LSC identifying information)
F 0693 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Some	exceeds 500 ml. Enteral Feed Order every shift. Check tube placement before initiation of formula, medication administration, and flushing tube or at least q 8 hours Enteral Feed Order every shift. Flush tube with 20-30 ml of water before and after administration of medication pass Enteral Feed Order every shift. Observe for signs of dehydration, nausea, vomiting, distention, diarrhea, reflux, constipation, and breath sounds Q shift Anchor PEG tube every shift Anchor tube feeding every shift The care plan was reviewed and included, The resident requires tube feeding r/t dysphagia. Interventions included: Check for tube placement and gastric contents/residual volume per facility protocol and record. Hold feed if greater than 200 cc aspirate; Provide water flushes per MD order, Provide local care to G-tube site as ordered . Review of Resident #209's February MAR documented the syringe was not changed, residuals were not obtained, placement of the of the PEG-tube was not checked, the tube was not flushed, nor was Resident #209 observed for s/sx of dehydration, etc., during the night shift on 02/07/2022 as ordered. The TAR (treatment administration record) documented the PEG tube had not been anchored during the night shift on 02/07/2022. 7. Resident #210 was admitted to the facility on [DATE] with the following diagnoses, including but not limited to: cerebral infarct, Alzheimer's, adult failure to thrive, and dysphagia. A quarterly MDS with an ARD of 11/29/2021, assessed Resident #210 as having problems with both long and short term memory and severely impaired with daily decision making skills. Resident #210's clinical record included the following physician orders: Enteral Feed Order every night shift. Change syringe daily. Change set daily and label for time, date, formula, and name. Enteral Feed Order every shift. Check and record residuals q shift. Contact physician if residual exceeds 500 mls. Enteral Feed Order every shift. Check tube placement before initiation of formula, medication administration, and flushing tube or at least q 8 hours. Enteral Feed Order every shift. Flush tube with 20-30 ml of water before and after administration of medication pass (continued on next page)

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	495105	A. Building B. Wing	11/30/2021

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Lynchburg Health & Rehabilitation Center	5615 Seminole Avenue Lynchburg, VA 24502

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

(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (Each deficiency must be preceded by full regulatory or LSC identifying information)
F 0693 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Some	Enteral Feed Order every shift. Observe for signs of dehydration, nausea, vomiting, distention, diarrhea, reflux, constipation, and breath sounds Q shift Anchor PEG tube every shift Anchor tube feeding every shift The care plan was reviewed and included, The resident requires tube feeding r/t inability to consume adequate po (by mouth) to maintain weight, and adequate nutritional status d/t (due to) feeding problems r/t dx (diagnoses) dementia, multiple CVA (cerebral vascular accidents), slightly elevate BMI (body mass index). Interventions included: Check for tube placement and gastric contents/residual volume per facility protocol and record. Hold feed if greater than 500 cc aspirate; Provide water flushes per order, provide local care to the Peg tube site as ordered . Review of Resident #210's February MAR documented the syringe was not changed, residuals were not obtained, placement of the of the PEG-tube was not checked, the tube was not flushed, nor was Resident #210 observed for s/sx of dehydration, etc., during the night shift on 02/07/2022 as ordered. The TAR documented the PEG tube had not been anchored during the night shift on 02/07/2022. 8. Resident #247 was admitted to the facility on [DATE] with the following diagnoses, including but not limited to: Peripheral vascular disease, hypertension, hypothyroidism, and dysphagia. An annual MDS with an ARD of 11/18/2021 assessed Resident #247 as moderately impaired with a cognitive summary score of 10. Resident #247's clinical record included the following physician orders: Enteral Feed Order every night shift. Change syringe daily. Change set daily and label for time, date, formula, and name. Enteral Feed Order every shift. Check and record residuals q shift. Contact physician if residual exceeds 500 mls. Enteral Feed Order every shift. Check tube placement before initiation of formula, medication administration, and flushing tube or at least q 8 hours. Enteral Feed Order every shift. Observe for signs of dehydration, nausea, vomiting, distention, diarrhea, reflux, constipation, and breath sounds Q shift Anchor PEG tube every shift Anchor tube feeding every shift The care plan was reviewed and included, The resident requires tube feeding r/t swallowing problem. Interventions included: Check for tube placement and gastric contents/residual volume per facility protocol and record. Hold feed if greater than 500 cc aspirate; Provide water flushes per order, Provide local care to G-tube site as ordered . (continued on next page)

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	495105	A. Building B. Wing	11/30/2021

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Lynchburg Health & Rehabilitation Center	5615 Seminole Avenue Lynchburg, VA 24502

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

(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (Each deficiency must be preceded by full regulatory or LSC identifying information)
F 0693 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Some	Review of Resident #247's February MAR documented the syringe was not changed, residuals were not obtained, placement of the of the PEG-tube was not checked, the tube was not flushed, nor was Resident #210 observed for s/sx of dehydration, etc., during the night shift on 02/07/2022 as ordered. The TAR documented the PEG tube had not been anchored during the night shift on 02/07/2022. On 2/8/22 at 3:35 p.m., the administrator, DON and corporate consultant (administration staff #3) met with the survey team and reported that no physician ordered medications and/or treatments were administered to any of the residents on the [NAME] unit from 2/7/22 at 7:00 p.m. until 2/8/22 at 7:00 a.m. The DON stated LPN #2 was the house supervisor that evening and could have reassigned the nurses working on the facility's three units (East, South and West). The DON stated LPN #2, LPN #3 and LPN #4 worked in the building on the evening of 2/7/22 until 11:00 p.m. The DON stated LPN #2 and LPN #4 left on 2/7/22 at 11:00 p.m. with two nurses scheduled for the building starting at 11:00 p.m. The DON stated LPN #3 was on the East unit, LPN #5 was assigned to South unit and the two nurses were supposed to split the [NAME] unit. On 2/8/22 at 4:45 p.m., the administrator, DON and corporate consultant met again with the survey team. The DON stated last night (2/7/22) that two nurses (LPN #3 and LPN #5) were the only nurses in the building from 11:00 p.m. until 2/8/22 at 7:00 a.m. The DON stated when only two nurses worked the building that they (nurses) knew to split the [NAME] unit. The DON stated there was no house supervisor on the night shift. On 2/8/22 at 5:10 p.m., the DON again stated that all prescribed medications and treatments were not administered on [NAME] unit on the 2/7/22 from 7:00 p.m. until 2/8/22 at 7:00 a.m. The DON stated, There was a miscommunication at shift change. No further information was provided to the survey team regarding the missed gastrostomy care. These findings were reviewed with the administrator, director of nursing and corporate consultant during a meeting on 2/9/22 at 3:00 p.m No further information was obtained prior to the exit conference on 02/10/2022.

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	495105	A. Building B. Wing	11/30/2021

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Lynchburg Health & Rehabilitation Center	5615 Seminole Avenue Lynchburg, VA 24502

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

(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (Each deficiency must be preceded by full regulatory or LSC identifying information)
F 0695 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Provide safe and appropriate respiratory care for a resident when needed. **NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 21875 Based on staff interview and clinical record review, the facility staff failed to provide care/services related to oxygen administration for two of 58 residents in the survey sample. Resident #230 and #250 had no verification that oxygen was administered per physician's order and did not have oxygen tubing changed as ordered. The findings include: 1. Resident #230 was admitted to the facility on [DATE] with diagnoses that included colon cancer, anemia, hypertension, renal insufficiency, pneumonia, Parkinson's disease, protein-calorie malnutrition, depression, psychosis and schizophrenia. The minimum data set (MDS) dated [DATE] assessed Resident #230 with moderately impaired cognitive skills. Resident #230's clinical record documented current physician orders for the following related to oxygen administration: 9/9/21 - Change oxygen tubing weekly on night shift every Monday, Wednesday and Friday 9/9/21 - Oxygen at 2 liters per minute every shift for dyspnea Resident #230's treatment administration record (TAR) documented no tubing change or verification that oxygen was administered at 2 liters per minute during the night shift on 2/7/22. Resident #230's plan of care (revised 2/4/22) documented the resident used oxygen at 2 liters per minute. Interventions to prevent poor oxygen absorption included, O2 [oxygen] as ordered .Oxygen tubing change as indicated/as per md [physician] order . 29123 2. Resident #250 was admitted to the facility on [DATE] with the following diagnoses, including but not limited to: emphysema, COPD (chronic obstructive pulmonary disease), hypertension, and anxiety. A quarterly MDS with an ARD of 11/11/2021 assessed Resident #250 as cognitively intact with as summary score of 14. Resident #250's clinical record was reviewed on 02/09/2022 at approximately 10:30 a.m. The physician orders included the following: Atrovent HFA Aerosol Solution 17 mcg/ACT 1 puff inhale orally three times a day for COPD Oxygen Therapy-Oxygen at 3 liters continuously via nasal cannula every shift for sob [shortness of breath] Oxygen tubing change weekly on 11-7 shift every night shift every Monday, Wednesday, Friday (continued on next page)

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	495105	A. Building B. Wing	11/30/2021

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Lynchburg Health & Rehabilitation Center	5615 Seminole Avenue Lynchburg, VA 24502

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

(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (Each deficiency must be preceded by full regulatory or LSC identifying information)
F 0695 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	The care plan was reviewed and contained the following focus areas: The resident has altered cardiovascular status r/t (related to) hypertension and The resident has oxygen therapy r/t Respiratory illness and SOB. Interventions included but were not limited to: O2 (oxygen) as ordered; Monitor for s/sx (signs and symptoms) of respiratory distress and report to MD as needed; OXYGEN SETTINGS: O2 as ordered. Review of Resident #250's February MAR (medication administration record) and TAR (treatment administration record) were reviewed. The above medication for COPD was not given as ordered at 8:00 p. m. on 02/07/2022. The interventions for oxygen therapy were also not completed as ordered during the night shift (11-7) on 02/07/2022. On 2/8/22 at 3:35 p.m., the administrator, DON and corporate consultant (administration staff #3) met with the survey team and reported that no physician ordered medications and/or treatments were administered to any of the residents on the [NAME] unit from 2/7/22 at 7:00 p.m. until 2/8/22 at 7:00 a.m. The DON stated LPN #2 was the house supervisor that evening and could have reassigned the nurses working on the facility's three units (East, South and West). The DON stated LPN #2, LPN #3 and LPN #4 worked in the building on the evening of 2/7/22 until 11:00 p.m. The DON stated LPN #2 and LPN #4 left on 2/7/22 at 11:00 p.m. with two nurses scheduled for the building starting at 11:00 p.m. The DON stated LPN #3 was on the East unit, LPN #5 was assigned to South unit and the two nurses were supposed to split the [NAME] unit. On 2/8/22 at 4:45 p.m., the administrator, DON and corporate consultant met again with the survey team. The DON stated last night (2/7/22) that two nurses (LPN #3 and LPN #5) were the only nurses in the building from 11:00 p.m. until 2/8/22 at 7:00 a.m. The DON stated when only two nurses worked the building that they (nurses) knew to split the [NAME] unit. The DON stated there was no house supervisor on the night shift. On 2/8/22 at 5:10 p.m., the DON again stated that all prescribed medications and treatments were not administered on [NAME] unit on the 2/7/22 from 7:00 p.m. until 2/8/22 at 7:00 a.m. The DON stated, There was a miscommunication at shift change. No further information was provided to the survey team regarding the missed medications and treatments that included oxygen administration. These findings were reviewed with the administrator, director of nursing and corporate consultant during a meeting on 2/9/22 at 3:00 p.m. No further information was obtained prior to the exit conference on 02/10/2022.

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	495105	A. Building B. Wing	11/30/2021

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Lynchburg Health & Rehabilitation Center	5615 Seminole Avenue Lynchburg, VA 24502

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 0697 Level of Harm - Actual harm Residents Affected - Few	Provide safe, appropriate pain management for a resident who requires such services. **NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 21875 Based on resident interview, staff interview and clinical record review, the facility staff failed to administer medications and/or treatments for pain management for sixteen of 58 residents in the survey sample. Resident #202, residing on the East unit, and Residents #207, #211, #212, #213, #218, #220, #221, #223, #224, #231, #233, #241, #246, #248, and #257, residing on the [NAME] unit, were not provided physician ordered medications and/or treatments for pain management on 2/7/22. Resident #207 experienced significant pain after nurses refused to administer scheduled pain medications and failed to provide any assessment and/or response to the resident's verbal requests for the medication, resulting in harm. The findings include: 1. Resident #207 was admitted to the facility on [DATE] with diagnoses that included morbid obesity, hypertension, chronic pain syndrome, schizoaffective disorder, depression, spinal stenosis, intervertebral disc disorder, lumbago and gastroesophageal reflux disease. The MDS dated [DATE] assessed Resident #207 as cognitively intact. Resident #207's clinical record documented current physician orders that included the following medications for pain management: Methadone 2.5 mg every 8 hours for pain Morphine sulfate 30 mg four times per day for pain Resident #207's MAR documented the methadone and morphine sulfate were not administered on 2/8/22 at 12:00 a.m. and an additional dose of morphine sulfate was not administered on 2/8/22 at 6:00 a.m. as scheduled. Resident #207's plan of care (revised 12/23/21) documented the resident had musculoskeletal pain, low back pain, lumbar degenerative joint disease and chronic pain due to physical disability. Interventions to eliminate and/or minimize pain included, Anticipate and meet needs .Medications as ordered .Administer analgesia per order .Encourage to try different pain relieving methods i.e. positioning, relaxation therapy, progressive relaxation, bathing, heat and cold application, muscle stimulation .Monitor/record/report to Nurse any s/sx (signs/symptoms) of non-verbal pain .Observe and report changes in usual routine, sleep patterns, decrease in functional abilities . (continued on next page)

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	495105	A. Building B. Wing	11/30/2021

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Lynchburg Health & Rehabilitation Center	5615 Seminole Avenue Lynchburg, VA 24502

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 0697 Level of Harm - Actual harm Residents Affected - Few	On 2/8/22 at 5:20 p.m., LPN #3 was interviewed by telephone about the evening/night of 2/7/22. LPN #3 stated there were two nurses on [NAME] unit on 2/7/22 until 7:00 p.m. LPN #3 stated she was never assigned to [NAME] unit on 2/7/22 and she was not aware there was no nurse on [NAME] unit until around 11:30 p.m. when Resident #207 called her on the phone and asked for her methadone pain medication. LPN #3 stated, I didn't know there was no nurse back there (West unit) until then. LPN #3 stated she told Resident #207 that she could not give her the medication because it was a narcotic and she did not count the narcotics on that unit at shift change. LPN #3 stated she was not comfortable giving narcotics on that unit because it might come back on me if the counts were wrong. LPN #3 stated she did not check on residents on the [NAME] unit because she was working East. On 2/8/22 at 5:35 p.m., Resident #207 was interviewed about any missed medications on the evening of 2/7/22. Resident #207 stated she did not get any of her medications on 2/7/22 after 7:00 p.m. until 2/8/22 at 11:00 a.m. Resident #207 stated that on 2/7/22 she missed a 9:00 p.m. dose of gabapentin, on 2/8/22 at 12:00 a.m. missed a dose of methadone, morphine sulfate and a psych med and missed another dose of morphine sulfate scheduled for 2/8/22 at 6:00 a.m. Resident #207 stated that on 2/7/22 around 11:30 p.m., she reported to the CNA (certified nursing assistant) #5 that she needed a nurse to get her scheduled pain medications. Resident #207 stated CNA #5 checked with the nurse on East unit and reported to her that she was out of luck as there was no nurse on the unit (West). Resident #207 stated she called on her cell phone to the East unit and asked LPN (licensed practical nurse) #3 if she would come and give her the pain medications. Resident #207 stated LPN #3 told her no and that she was not her assigned nurse. Resident #207 stated when she asked who her assigned nurse was, LPN #3 told her she did not have a nurse this shift. Resident #207 stated she then called the other unit (South). Resident #207 stated whoever answered the phone on South stated the nurse was in with a resident. Resident #207 stated she reported that she needed her pain, psych meds and asked for the nurse to call her when possible. Resident #207 stated she did not know who answered the phone but that person told her if the nurse could come she would and if not, she (nurse) won't. Resident #207 stated she never got a visit or a call from either nurse. Resident #207 stated there was a CNA working the unit on the evening/night of 2/7/22 but she saw no nurse after 7:00 p.m. until the day shift reported the next morning (2/8/22). Resident #207 stated she was in a lot of pain due to missed doses of methadone and morphine. Resident #207 stated she had pain in her arms and lower back and rated pain during the early morning of 2/8/22 as a 9 almost 10 (on scale of 0 = no pain, 10 = worst pain). Resident #207 stated she almost called 911 to go to the emergency room because nobody was here to care for her. Resident #207 stated she could not sleep due to the pain, was up and down all night and even emailed the corporate nursing consultant (administration #3) around 2:00 a.m. about not getting her medications. Resident #207 stated she last saw a nurse (LPN #1) on 2/7/22 around 7:00 p.m. and did not see another nurse until 2/8/22 around 11:00 a.m. when the day shift nurse brought her medications. On 2/8/22 at 8:30 p.m., CNA #1 working on [NAME] unit was interviewed. CNA #1 stated he worked the [NAME] unit on the evening of 2/7/22 until 11:00 p.m. CNA #1 stated he saw no nurses come to the unit and check on residents from 7:30 p.m. until 11:00 p.m. When asked if any residents needed a nurse during his shift, CNA #1 stated Resident #207 asked to see a nurse about her medications. CNA #1 stated he told Resident #207 a nurse would come as soon as possible because, I didn't want to say there was no nurse. (continued on next page)

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	495105	A. Building B. Wing	11/30/2021

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Lynchburg Health & Rehabilitation Center	5615 Seminole Avenue Lynchburg, VA 24502

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 0697 Level of Harm - Actual harm Residents Affected - Few	On 2/9/22 at 3:00 p.m., the DON was interviewed again about medications/treatments not administered with no nurse working the [NAME] unit. The DON stated LPN #3 was aware when only two nurses were in the building that the nurses had to split the [NAME] unit. The DON stated she talked with unit manager LPN #2 and LPN #3 by telephone during the evening on 2/7/22. The DON stated LPN #2 was upset because she had to work the East medication cart and LPN #3 was upset because there were only two nurses for the night shift. The DON stated she told them everyone was frustrated and that they all had to work together as a team. The DON stated nobody called or reported to her that Resident #207 needed pain medications. The DON stated she was aware there were only two nurses working the building after 11:00 p.m. but thought the nurses knew to split the [NAME] unit. The Nursing 2022 Drug Handbook on page 945 describes methadone as an opioid analgesic used for the management of severe pain. Page 948 of this reference documents regarding nursing considerations with use of methadone, .Don't stop abruptly; withdraw slowly and individualize gradual taper plan to prevent signs and symptoms of withdrawal, worsening pain, and psychological distress in physically dependent patients . (1) The Nursing 2022 Drug Handbook on page 1004 describes morphine sulfate as an opioid analgesic used for the management of severe pain requiring continuous, around-the-clock opioid. Page 1008 of this reference documents regarding nursing considerations with use of morphine sulfate, .Don't stop abruptly; withdraw slowly and individualize gradual taper plan to prevent signs and symptoms of withdrawal, worsening pain, and psychological distress in physically dependent patients . (1) (1) Woods, [NAME] Dabrow. Nursing 2022 Drug Handbook. Philadelphia: Wolters Kluwer, 2022. 2. Resident #211 was admitted to the facility on [DATE] with a readmission on 5/9/21. Diagnoses for Resident #211 included atrial fibrillation, hemiplegia, diabetes, chronic pain, bipolar disorder, hyperkalemia, hyperlipidemia, dysphagia, asthma, mood disorder, hypertension, morbid obesity and osteoarthritis. The MDS dated [DATE] assessed Resident #21 with moderately impaired cognitive skills. Resident #211's clinical record documented current physician orders that included the following medications for pain: Morphine sulfate ER 15 mg three times per day for pain Voltaren gel 1% cream apply 4 grams transdermal every shift for leg pain Resident #211's clinical record documented the above medications/treatments were not administered on the evening of 2/7/22. The morphine sulfate was scheduled for 8:00 p.m. and the Voltaren gel was scheduled for 9:00 p.m. Resident #211's plan of care (revised 11/22/21) documented the resident had leg pain. Interventions to minimize and/or eliminate pain included, Encourage relaxation techniques and provide diversional activities . Medicate as ordered .Notify MD for pain not relieved .Position resident for comfort .Premedicate in anticipation of painful procedures . (continued on next page)

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	495105	A. Building B. Wing	11/30/2021

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Lynchburg Health & Rehabilitation Center	5615 Seminole Avenue Lynchburg, VA 24502

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 0697 Level of Harm - Actual harm Residents Affected - Few	3. Resident #212 was admitted to the facility on [DATE] with readmission on 4/2/21. Diagnoses for Resident #212 included hypertension, peripheral vascular disease, chronic kidney disease, hyperlipidemia, benign prostatic hyperplasia, dementia, anxiety, depression and insomnia. The MDS dated [DATE] assessed Resident #212 with moderately impaired cognitive skills. Resident #212's clinical record documented current physician orders that included the following pain medication: Hydrocodone-acetaminophen 10-325 mg four times per day for chronic back pain Resident #212's MAR documented the hydrocodone-acetaminophen was not administered on 2/7/22 at 8:00 p.m. as scheduled. Resident #212's plan of care (revised 2/1/22) documented the resident had pain. Interventions to decrease and/or eliminate pain included, Attempt non-pharmacological interventions as needed .Encourage relaxation techniques and provide diversional activities .Position resident for comfort .Premedicate in anticipation of painful procedures . 4. Resident #213 was admitted to the facility on [DATE] with diagnoses that included cerebral infarction with hemiplegia, polyosteoarthritis, atrial fibrillation, dysphagia, cardiomyopathy, heart failure, hypertension and gastroesophageal reflux disease. The MDS dated [DATE] assessed Resident #213 with moderately impaired cognitive skills. Resident #213's clinical record documented physician orders that included the following pain medication: Hydrocodone-acetaminophen 5-325 mg three times per day for polyosteoarthritis Resident #213's MAR documented the hydrocodone-acetaminophen was not administered on 2/7/22 at 8:00 p.m. as scheduled. Resident #213's plan of care (revised 2/10/22) documented the resident had pain due to arthritis. Interventions to decrease pain included, Encourage relaxation techniques and provide diversional activities . Medicate as ordered .Position for comfort . 5. Resident #218 was admitted to the facility on [DATE] with diagnoses that included anemia, atrial fibrillation, hypertension, seizures, hip fracture, osteoporosis, dementia, anxiety, depression and gastroesophageal reflux disease (GERD). The MDS dated [DATE] assessed Resident #218 with severely impaired cognitive skills. Resident #218's clinical record documented current physician orders that included the following pain medication: Tramadol 50 mg three times per day for pain Resident #218's MAR documented the Tramadol was not administered on 2/7/22 at 9:00 p.m. as scheduled. (continued on next page)

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	495105	A. Building B. Wing	11/30/2021

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Lynchburg Health & Rehabilitation Center	5615 Seminole Avenue Lynchburg, VA 24502

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 0697 Level of Harm - Actual harm Residents Affected - Few	Resident #218's plan of care (revised 11/4/21) documented the resident had potential for pain. Interventions to decrease and/or eliminate pain included, Encourage relaxation techniques and provide diversional activities .Medicate as ordered .Notify MD for pain not relieved .Position resident for comfort .Premedicate in anticipation of painful procedures . 6. Resident #220 was admitted to the facility on [DATE] with diagnoses that included dementia, COPD (chronic obstructive pulmonary disease), depression, heart failure, coronary artery disease, hypertension, diabetes, renal insufficiency and hyperlipidemia. The MDS dated [DATE] assessed Resident #220 with moderately impaired cognitive skills. Resident #220's clinical record documented current physician orders that included the following pain treatment: Aspercreme lidocaine patch 4% to right should topically every 12 hours for arthritis pain Resident #220's MAR documented the Aspercreme was not administered on 2/7/22 at 9:00 p.m. as scheduled. Resident #220's plan of care (2/1/22) documented the resident had pain. Interventions to decrease and/or eliminate pain included, Encourage relaxation techniques and provide diversional activities .Medicate as ordered .Notify MD for pain not relieved .Position resident for comfort .Premedicate in anticipation of painful procedures . 7. Resident #221 was admitted to the facility on [DATE] with diagnoses that included cerebrovascular accident (stroke), anemia, hypertension, chronic kidney disease, hyponatremia, hypokalemia, aphasia and depression. The MDS dated [DATE] assessed Resident #221 with short and long-term memory problems and moderately impaired cognitive skills. Resident #221's clinical record documented current physician orders that included the following pain medication: Tylenol 650 mg three times per day for generalized pain Resident #221's MAR documented the Tylenol was not administered on 2/7/22 at 9:00 p.m. as scheduled. Resident #221's plan of care (revised 1/24/22) documented the resident experienced pain. Interventions to decrease and/or eliminate pain included, Attempt non-pharmacological interventions as needed .Encourage relaxation techniques and provide diversional activities .Medicate as ordered .Notify MD for pain not relieved . Position resident for comfort .Premedicate in anticipation of painful procedures . 8. Resident #223 was admitted to the facility on [DATE] with diagnoses that included anemia, hypertension, renal insufficiency, urinary tract infection, dementia, depression, urine retention, glaucoma, cognitive communication deficit and history of Covid-19. The MDS dated [DATE] assessed Resident #223 with severely impaired cognitive skills. (continued on next page)

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	495105	A. Building B. Wing	11/30/2021

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Lynchburg Health & Rehabilitation Center	5615 Seminole Avenue Lynchburg, VA 24502

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 0697 Level of Harm - Actual harm Residents Affected - Few	Resident #223's clinical record documented current physician orders that included the following pain medication: Voltaren gel 1% apply 2 grams transdermal every day and evening shift for pain, apply to bilateral knees and shoulders Resident #223's MAR documented the Voltaren gel was not administered during the evening shift on 2/7/22 as scheduled. Resident #223's plan of care (revised 1/31/22) documented the resident experienced pain. Interventions to decrease and/or eliminate pain included, Encourage relaxation techniques and provide diversional activities . Medicate as ordered .Notify MD for pain not relieved .Position resident for comfort .Premedicate in anticipation of painful procedures . 9. Resident #224 was admitted to the facility on [DATE] with diagnoses that included coronary artery disease, anemia, congestive heart failure, diabetes, hyperlipidemia, dementia, left arm fracture, dysphagia and gastroesophageal reflux disease. The MDS dated [DATE] assessed Resident #224 with short and long-term memory loss and severely impaired cognitive skills. Resident #224's clinical record documented current physician orders that included the following pain treatment: Biofreeze gel 4% apply to right knee topically every day and evening shift for pain Resident #224's MAR documented the Biofreeze was not administered on the evening of 2/7/22. Resident #224's plan of care (revised 1/31/22) documented the resident had right knee pain. Interventions to minimize pain included, Medicate as ordered .Notify MD for pain not relieved with medication . 10. Resident #231 was admitted to the facility on [DATE] with diagnoses that included dementia, depression, arthritis, GERD and vitamin D deficiency. The MDS dated [DATE] assessed Resident #231 with severely impaired cognitive skills. Resident #231's clinical record documented current physician orders that included the following pain medication: Tylenol 8 hours arthritis extended release one tablet three times per day for arthritis pain Resident #231's MAR documented this medication was not administered on 2/7/22 at 9:00 p.m. as scheduled. Resident #231's plan of care (revised 1/6/22) documented the resident experienced pain. Interventions to decrease and/or eliminate pain included, Encourage relaxation techniques and provide diversional activities . Medicate as ordered .Notify MD for pain not relieved .Position resident for comfort .Premedicate in anticipation of painful procedures . (continued on next page)

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	495105	A. Building B. Wing	11/30/2021

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Lynchburg Health & Rehabilitation Center	5615 Seminole Avenue Lynchburg, VA 24502

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 0697 Level of Harm - Actual harm Residents Affected - Few	11. Resident #233 was admitted to the facility on [DATE] with diagnoses that included hypertension, diabetes, hyperlipidemia, intellectual disabilities and asthma. The MDS dated [DATE] assessed Resident #233 with moderately impaired cognitive skills. Resident #233's clinical record documented a current physician orders that included the following medication for pain: Tylenol 650 mg three times per day for right knee pain. Resident #233's MAR documented the Tylenol was not administered on 2/7/22 at 9:00 p.m. as scheduled. Resident #233's plan of care (revised 1/31/22) documented the resident experienced pain. Interventions to decrease and/or eliminate pain included, Attempt non-pharmacological interventions as needed .Encourage relaxation techniques and provide diversional activities .Medicate as ordered .Notify MD for pain not relieved . Position resident for comfort .Premedicate in anticipation of painful procedures . 12. Resident #202 was admitted to the facility on [DATE] with diagnoses that included endometrial cancer, COPD, vascular dementia, congestive heart failure, morbid obesity, hypertension, depression, osteoporosis and history of Covid-19. The MDS dated [DATE] assessed Resident #202 with moderately impaired cognitive skills Resident #202's clinical record documented a current physician's order dated 5/10/21 for hydrocodone-acetaminophen 5-325 mg three times per day for pain. Resident #202's MAR documented this medication was not administered on 2/7/22 at 8:00 a.m. Resident #202's narcotic count sheet for the hydrocodone-acetaminophen documented no dose was removed from the cart for the 8:00 a.m. dose on 2/7/22. Resident #202's count sheet for hydrocodone-acetaminophen matched the amount left on the pharmacy supply card. On 2/7/22 at 3:20 p.m., LPN #6 caring for Resident #202 was interviewed about the hydrocodone-acetaminophen not administered. LPN #6 reviewed the resident's MAR and supply of hydrocodone-acetaminophen and stated the 8:00 a.m. dose for 2/7/22 was not signed out or administered. LPN #6 stated she did not know why the medication was not given as ordered. Resident #202's plan of care (revised 1/12/22) documented the resident experienced pain. Interventions to decrease and/or eliminate pain included, Attempt non-pharmacological interventions as needed .Encourage relaxation techniques and provide diversional activities .Medicate as ordered .Notify MD for pain not relieved . Position resident for comfort .Premedicate in anticipation of painful procedures . 29123 13. Resident #241 was admitted to the facility on [DATE] with the following diagnoses, including but not limited to: aphasia, hypertension, anxiety, depressive disorder, convulsions and dementia. A quarterly MDS with an ARD of 01/23/2022 assessed Resident #241 as having problems with both long and short term memory as well as being severely impaired with daily decision making skills (continued on next page)

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	495105	A. Building B. Wing	11/30/2021

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Lynchburg Health & Rehabilitation Center	5615 Seminole Avenue Lynchburg, VA 24502

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 0697 Level of Harm - Actual harm Residents Affected - Few	Resident #241's clinical record included the following physician order for pain: Tylenol Tablet 325 mg .Give 2 tablets by mouth three times a day for back pain. Review of Resident #241's February MAR documented the above medication, was not given as ordered at 9:00 p.m. on 02/07/2022. The care plan was reviewed and included a focus area Pain. Interventions included: Medicate as ordered, Notify MD is pain is not relieved with medication or with new complaints of pain. 14. Resident #246 was admitted to the facility on [DATE] with the following diagnoses, including but not limited to: Breast cancer, hypertension, major depressive disorder, and dysphagia. A quarterly MDS with an ARD of 12/30/2021 assessed Resident #246 as moderately impaired with a cognitive summary score of 09. Resident #246's clinical record included the following physician order for pain: Tylenol 325 mg Give 325 mg by mouth three times a day for pain. Review of Resident #246's February MAR documented the above medication, was not given as ordered at 8:00 p.m. on 02/07/2022. The care plan was reviewed and included a focus area Pain. Interventions included: Medicate as ordered, Notify MD is pain is not relieved with medication or with new complaints of pain. 15. Resident #248 was admitted to the facility on [DATE] with the following diagnoses, including but not limited to: Other mental disorders due to known physiological condition, dementia, delusional disorder, depressive disorder and dementia. A quarterly MDS with an ARD of 01/29/2022 assessed Resident #248 as having problems with both long and short term memory as well as being moderately impaired with daily decision making skills Resident #248's clinical record included the following physician order for pain: Tylenol 325 mg .Give 2 tablet by mouth four times a day for PAIN MGT (management). Review of Resident #248's February MAR documented the above medication, was not given as ordered at 9:00 p.m. on 02/07/2022. The care plan was reviewed and included a focus area Pain. Interventions included: Medicate as ordered, Notify MD is pain is not relieved with medication or with new complaints of pain. 16. Resident #257 was admitted to the facility on [DATE] with the following diagnoses, including but not limited to: dysphagia, major depressive disorder, osteoarthritis, hydrocephalus, unspecified psychosis, and hypertension. An annual MDS with an ARD of 12/08/2021 assessed Resident #257 as moderately impaired with a cognitive summary score of 09. Resident #257's clinical record included the following physician orders: (continued on next page)

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	495105	A. Building B. Wing	11/30/2021

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Lynchburg Health & Rehabilitation Center	5615 Seminole Avenue Lynchburg, VA 24502

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 0697 Level of Harm - Actual harm Residents Affected - Few	Gabapentin Capsule Give 300 mg by mouth three times a day for osteoarthritis Biofreeze Gel 4% .topical analgesic Apply to left shoulder AND HAND topically every shift for pain Review of Resident #257's February MAR documented the above medication was not given as ordered at 9:00 p.m. on 02/07/2022. Review of the February TAR (treatment administration record) documented the Biofreeze Gel was not applied as ordered during the night shift on 02/07/2022. The care plan was reviewed and included the focus area Pain with interventions that included: Medicate as ordered, Notify MD is pain is not relieved with medication or with new complaints of pain. Also, The resident has pain r/t (related to) osteoarthritis, with the intervention: Meds as ordered. On 2/8/22 at 2:10 p.m., the director of nursing (DON) was interviewed about medications not administered to residents on the [NAME] unit on the evening of 2/7/22 and early morning of 2/8/22. The DON stated nurses had 24 hours to clarify and sign off a medication administration record (MAR) or treatment administration record (TAR). The DON had no explanation why the residents did not receive medications on the evening of 2/7/22 and stated she would research and clarify. On 2/8/22 at 3:35 p.m., the administrator, DON and corporate consultant (administration staff #3) met with the survey team and reported that no physician ordered medications and/or treatments were administered to any of the residents on the [NAME] unit from 2/7/22 at 7:00 p.m. until 2/8/22 at 7:00 a.m. The DON stated LPN #2 was the house supervisor that evening and could have reassigned the nurses working on the facility's three units (East, South and West). The DON stated LPN #2, LPN #3 and LPN #4 worked in the building on the evening of 2/7/22 until 11:00 p.m. The DON stated LPN #2 and LPN #4 left on 2/7/22 at 11:00 p.m. with two nurses scheduled for the building starting at 11:00 p.m. The DON stated LPN #3 was on the East unit, LPN #5 was assigned to South unit and the two nurses were supposed to split the [NAME] unit. On 2/8/22 at 4:45 p.m., the administrator, DON and corporate consultant met again with the survey team. The DON stated last night (2/7/22) that two nurses (LPN #3 and LPN #5) were the only nurses in the building from 11:00 p.m. until 2/8/22 at 7:00 a.m. The DON stated when only two nurses worked the building that they (nurses) knew to split the [NAME] unit. The DON stated there was no house supervisor on the night shift. On 2/8/22 at 5:10 p.m., the DON again stated that all prescribed medications and treatments were not administered on [NAME] unit on the 2/7/22 from 7:00 p.m. until 2/8/22 at 7:00 a.m. The DON stated, There was a miscommunication at shift change. All of the above information was discussed with the director of nursing, the administrator, and both nurse consultants, during a meeting at approximately 12:15 p.m. on 02/10/2022. No further information was obtained prior to the exit conference on 02/10/2022.

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	495105	A. Building B. Wing	11/30/2021

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Lynchburg Health & Rehabilitation Center	5615 Seminole Avenue Lynchburg, VA 24502

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 0725 Level of Harm - Actual harm Residents Affected - Few	Provide enough nursing staff every day to meet the needs of every resident; and have a licensed nurse in charge on each shift. **NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 21875 Based on resident interview, staff interview and clinical record review, the facility staff failed to provide sufficient nursing staff to ensure care and services were provided to fifty-four of 58 residents in the survey sample. Residents residing on the [NAME] unit that included Residents #201, #203, #205, #207 through #228 and #230 through #258, were not provided physician ordered medications and/or treatments during twelve consecutive hours starting on the evening of 2/7/22 due to no nurse working the unit. Resident #207 experienced significant pain after missing scheduled doses of narcotic medication when no nurse worked or came to the unit to administer medications, resulting in harm. The findings include: Resident #207 was admitted to the facility on [DATE] with diagnoses that included morbid obesity, hypertension, chronic pain syndrome, schizoaffective disorder, depression, spinal stenosis, intervertebral disc disorder, lumbago and gastroesophageal reflux disease. The MDS dated [DATE] assessed Resident #207 as cognitively intact. Resident #207's clinical record documented current physician orders that included the following medications and treatments. Doxepin 150 mg at bedtime for depression Gabapentin 900 mg three times per day for neuropathy Methadone 2.5 mg every 8 hours for pain Morphine sulfate 30 mg four times per day for pain Aquaphor diaper rash cream 15% to bilateral inner thighs topically each day and evening shift for chaffing Resident #207's MAR documented these medications were not administered on the evening of 2/7/22 and the early morning of 2/8/22. The gabapentin was scheduled to be administered on 2/7/22 at 9:00 p.m., methadone, morphine sulfate and doxepin were scheduled for 2/8/22 at 12:00 a.m. and an additional dose of morphine sulfate was scheduled for 2/8/22 at 6:00 a.m. On 2/8/22 at 2:05 p.m., the licensed practical nurse (LPN) #1 working on Resident #205's unit (West unit) was interviewed. LPN #1 stated she worked on 2/7/22 from 7:00 a.m. until 7:00 p.m. LPN #1 stated there was no nurse on the [NAME] unit when she left on 2/7/22 around 7:30 p.m. and she gave a verbal report to the unit manager on East unit prior to leaving the building. LPN #1 stated there was no nurse on the [NAME] unit when she arrived this morning (2/8/22) at 7:00 a.m. LPN #1 stated she did not know who was scheduled to work the evening and night shifts on [NAME] unit. LPN #1 stated there was currently no unit manager for the [NAME] unit. (continued on next page)

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	495105	A. Building B. Wing	11/30/2021

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Lynchburg Health & Rehabilitation Center	5615 Seminole Avenue Lynchburg, VA 24502

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 0725 Level of Harm - Actual harm Residents Affected - Few	On 2/8/22 at 2:10 p.m., the director of nursing (DON) was interviewed about medications not administered to residents on the [NAME] unit on the evening of 2/7/22 and early morning of 2/8/22. The DON stated nurses had 24 hours to clarify and sign off a medication administration record (MAR) or treatment administration record (TAR). The DON had no explanation why the residents did not receive medications on the evening of 2/7/22 and stated she would research and clarify. The DON stated, We did have agency nurses last night. The DON stated LPN #2, LPN #3 and LPN #4 worked the evening shift. The DON stated that LPN #2 was the East unit manager and house supervisor on the 2/7/22 evening shift. On 2/8/22 at 3:35 p.m., the administrator, DON and corporate consultant (administration staff #3) met with the survey team and reported that no physician ordered medications and/or treatments were administered to any of the fifty-four residents on the [NAME] unit from 2/7/22 at 7:00 p.m. until 2/8/22 at 7:00 a.m. The corporate consultant stated LPN #1 reported to the East unit manager (LPN #2) that all the evening medications on the [NAME] unit had been given when she left on 2/7/22 around 7:30 p.m. The DON stated LPN #2 was the house supervisor that evening and could have reassigned the nurses working on the facility's three units (East, South and West). The DON stated LPN #2 did not give medications on [NAME] during the evening shift because LPN#1 reported that all the medications on the unit had been given. The DON stated, There was a miscommunication at the shift change. The DON stated LPN #2, LPN #3 and LPN #4 worked in the building on the evening of 2/7/22 until 11:00 p.m. The DON stated LPN #2 and LPN #4 left on 2/7/22 at 11:00 p.m. with two nurses scheduled for the building starting at 11:00 p.m. The DON stated there was a call out on 2/7/22 prior to the night shift (11:00 p.m. to 7:00 a.m.) leaving LPN #3 as the only nurse in the building. The DON stated agency was contacted and LPN #5 reported to work on 2/7/22 at 11:00 p.m. The DON stated LPN #3 was on the East unit, LPN #5 was assigned to South unit and the two nurses were supposed to split the [NAME] unit. On 2/8/22 at 3:45 p.m., the East unit manager (LPN #2) was interviewed. LPN #2 stated she was working on East unit on 2/7/22 for 3:00 p.m. to 11:00 p.m. shift. LPN #2 stated that on 2/7/22 around 7:30 p.m., LPN #1 from [NAME] reported to her that she was leaving and all the medications on [NAME] unit had been given. LPN #2 stated she did not go to the [NAME] unit prior to leaving her shift at 11:00 p.m. LPN #2 stated, I couldn't do nothing. I was giving meds (medications) on East. LPN #2 stated there was no nurse on the [NAME] unit on 2/7/22 after 7:30 p.m. when LPN #1 went home, and she thought LPN #1 had given all the evening medications. LPN #2 stated, Nobody reported to me they didn't get meds. I wasn't aware. LPN #2 stated she and LPN #4 left the building on 2/7/22 at 11:00 p.m. leaving LPN #3 working the East unit until 2/8/22 at 7:00 a.m. LPN #2 stated an agency nurse was called in and reported to South unit on 2/7/22 around 11:00 p.m. to work the night shift. On 2/8/22 at 4:45 p.m., the administrator, DON and corporate consultant met again with the survey team. The DON stated on 2/7/22, that two nurses (LPN #3 and LPN #5) were the only nurses in the building from 11:00 p.m. until 2/8/22 at 7:00 a.m. The DON stated when only two nurses worked the building that they (nurses) knew to split the [NAME] unit. The DON stated there was no house supervisor on the night shift. On 2/8/22 at 5:10 p.m., the DON stated that all prescribed medications and treatments were not administered on [NAME] unit on the 2/7/22 from 7:00 p.m. until 2/8/22 at 7:00 a.m. The DON stated again, There was a miscommunication at shift change. (continued on next page)

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	495105	A. Building B. Wing	11/30/2021

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Lynchburg Health & Rehabilitation Center	5615 Seminole Avenue Lynchburg, VA 24502

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 0725 Level of Harm - Actual harm Residents Affected - Few	LPN #3 stated she was assigned to work the East unit and helped out on the South unit after 7:00 p.m. LPN #3 stated on 2/7/22 at 11:00 p.m. she went back to the East unit, as LPN #5 came in to cover South after the scheduled nurse called out. LPN #3 stated she was not assigned to work the [NAME] unit. LPN #3 stated there were two nurses on [NAME] unit on 2/7/22 until 7:00 p.m. LPN #3 stated again she was never assigned to [NAME] unit on 2/7/22 and she was not aware there was no nurse on [NAME] unit until around 11:30 p.m. when Resident #207 called her on the phone and asked for her methadone pain medication. LPN #3 stated, I didn't know there was no nurse back there (West unit) until then. LPN #3 stated she told Resident #207 that she could not give her the medication because it was a narcotic and she did not count the narcotics on that unit at shift change. LPN #3 stated she was not comfortable giving narcotics on that unit because it might come back on me if the counts were wrong. LPN #3 stated after 2/7/22 at 11:00 p.m., she and LPN #5 were the only nurses in the building along with three CNAs. LPN #3 stated she did not check on residents on the [NAME] unit because she was working East. LPN #3 stated she told the CNA working on [NAME] to let her know of any problems. On 2/8/22 at 5:35 p.m., Resident #207 was interviewed about any missed medications on the evening of 2/7/22. Resident #207 stated she did not get any of her medications on 2/7/22 after 7:00 p.m. until 2/8/22 at 11:00 a.m. Resident #207 stated that on 2/7/22 she missed a 9:00 p.m. dose of gabapentin, on 2/8/22 at 12:00 a.m. missed a dose of methadone, morphine sulfate and a psych med and missed another dose of morphine sulfate scheduled for 2/8/22 at 6:00 a.m. Resident #207 stated that on 2/7/22 around 11:30 p.m., she reported to the CNA (certified nursing assistant) #5 that she needed a nurse to get her scheduled pain medications. Resident #207 stated CNA #5 checked with the nurse on East unit and reported to her that she was out of luck as there was no nurse on the unit (West). Resident #207 stated she called on her cell phone to the East unit and asked LPN (licensed practical nurse) #3 if she would come and give her the pain medications. Resident #207 stated LPN #3 told her no and that she was not her assigned nurse. Resident #207 stated when she asked who her assigned nurse was, LPN #3 told her she did not have a nurse this shift. Resident #207 stated she then called the other unit (South). Resident #207 stated whoever answered the phone on South stated the nurse was in with a resident. Resident #207 stated she reported that she needed her pain, psych meds and asked for the nurse to call her when possible. Resident #207 stated she did not know who answered the phone but that person told her if the nurse could come she would and if not, she (nurse) won't. Resident #207 stated she never got a visit or a call from either nurse. Resident #207 stated there was a CNA working the unit on the evening/night of 2/7/22 but she saw no nurse after 7:00 p.m. until the day shift reported the next morning (2/8/22). Resident #207 stated she was in a lot of pain due to missed doses of methadone and morphine. Resident #207 stated she had pain in her arms and lower back and rated pain during the early morning of 2/8/22 as a 9 almost 10 (on scale of 0 = no pain, 10 = worst pain). Resident #207 stated she almost called 911 to go to the emergency room because nobody was here to care for her. Resident #207 stated she could not sleep due to the pain, was up and down all night and even emailed the corporate nursing consultant (administration #3) around 2:00 a.m. about not getting her medications. Resident #207 stated she last saw a nurse (LPN #1) on 2/7/22 around 7:00 p.m. and did not see another nurse until 2/8/22 around 11:00 a.m. when the day shift nurse brought her medications. (continued on next page)

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	495105	A. Building B. Wing	11/30/2021

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Lynchburg Health & Rehabilitation Center	5615 Seminole Avenue Lynchburg, VA 24502

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 0725 Level of Harm - Actual harm Residents Affected - Few	On 2/8/22 at 8:30 p.m., CNA #1 working on [NAME] unit was interviewed. CNA #1 stated he worked the [NAME] unit on the evening of 2/7/22 until 11:00 p.m. CNA #1 stated two CNAs from day shift stayed over and worked the unit with him until 7:00 p.m. CNA #1 stated the nurses on the unit left on 2/7/22 around 7:30 p.m. CNA #1 stated after 7:30 p.m. there was no nurse on the entire unit and he was the only CNA. CNA #1 stated he saw no nurses come to the unit and check on residents from 7:30 p.m. until 11:00 p.m. CNA #1 stated most all the residents were in bed by 7:00 p.m. and he did his best to answer call lights. When asked if any residents needed a nurse during his shift, CNA #1 stated Resident #207 asked to see a nurse about her medications and Resident #257 asked to see a nurse I think about an earache. CNA #1 stated he told them a nurse would come as soon as possible because, I didn't want to say there was no nurse. CNA #1 stated on the evening of 2/7/22, he was answering lights, checking on residents and, Next thing I know I'm the only one here. On 2/9/22 at 3:00 p.m., the DON was interviewed again about medications/treatments not administered with no nurse working the [NAME] unit. The DON stated LPN #3 was aware when only two nurses were in the building that the nurses had to split the [NAME] unit. The DON stated she talked with unit manager LPN #2 and LPN #3 by telephone during the evening on 2/7/22. The DON stated LPN #2 was upset because she had to work the East medication cart and LPN #3 was upset because there were only two nurses for the night shift. The DON stated she told them everyone was frustrated and that they all had to work together as a team. The DON stated nobody called or reported to her that Resident #207 needed pain medications or about residents not getting medications/treatments on West. The DON stated she was aware there were only two nurses working the building after 11:00 p.m. but thought the nurses knew to split the [NAME] unit. On 2/10/22 at 2:40 p.m., CNA #2 was interviewed. CNA #2 stated she and another CNA worked the day shift on [NAME] on 2/7/22 and stayed on the unit until 7:00 p.m. CNA #2 stated the two nurses on the unit left on 2/7/22 at 7:00 p.m. CNA #2 stated she and the other CNA had all the residents in the bed by 7:00 p.m. except Resident #201. CNA #2 stated she gave report to CNA #1 and left the building at 7:00 p.m. CNA #2 stated there were no nurses on [NAME] unit when she left on 2/7/22 at 7:00 p.m. and CNA #1 was the only aide on the unit after 7:00 p.m. The clinical records for all residents on the [NAME] unit were reviewed by the survey team regarding missed medications and/or treatments on the evening of 2/7/22 and early morning of 2/8/22 when no nurse provided care and services on the unit. In addition to Resident #207, fifty-three other residents on the unit (#201, #203, #205, #208 through #228 and #230 through #258) missed scheduled medications and/or treatments that included enteral tube feedings/flushes, blood sugar checks for diabetic management, tubing changes/site care related to enteral feedings/oxygen administration, and care for a urinary catheter. Medications that were not administered included a variety of prescriptions and over-the counter medicines for treatment of diagnoses that included hypertension, hyperlipidemia, glaucoma, muscle spasticity, constipation/bowel management, congestion, mood disorder, prostatic hyperplasia, depression, insomnia, pain, vitamin/nutrition deficiencies, neuropathy, seizures, arthritis, dementia, atrial fibrillation and diabetes. Physician ordered treatments not provided to the [NAME] unit residents on the evening of 2/7/22 and early morning of 2/8/22 included topical medications/creams for dry/chaffed skin, joint pain, skin tears/wounds and pressure ulcer prevention/care. Quality of care deficiencies were cited for the fifty-four [NAME] unit residents that were not provided medications/treatments on the evening of 2/7/22 and early morning of 2/8/22. Care related deficiencies were cited at F684, F686, F690, F692, F693, F695 and F697. (continued on next page)

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	495105	A. Building B. Wing	11/30/2021

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Lynchburg Health & Rehabilitation Center	5615 Seminole Avenue Lynchburg, VA 24502

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 0725 Level of Harm - Actual harm Residents Affected - Few	These findings were reviewed with the administrator, director of nursing and corporate nursing consultant on 2/9/22 at 3:00 p.m.

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	495105	A. Building B. Wing	11/30/2021

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Lynchburg Health & Rehabilitation Center	5615 Seminole Avenue Lynchburg, VA 24502

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** 21875 Based on resident interview, staff interview, facility document review and clinical record review, the facility staff failed to ensure medications were available for administration for one of fifteen residents in the survey sample, Resident #313. Resident #313 missed four doses of prescribed medications due to the facility's failure to obtain the drugs from the pharmacy in a timely manner. The findings include: Resident #313 was admitted to the facility with diagnoses that included emphysema, COPD (chronic obstructive pulmonary disease), acute and chronic respiratory failure with hypoxia, hypertension, benign prostatic hyperplasia, pneumonia, anxiety, neuromuscular dysfunction of bladder and COVID-19. The minimum data set (MDS) dated [DATE] assessed Resident #313 as cognitively intact. Resident #313's clinical record documented a physician's order dated 11/27/20 for fluticasone-salmeterol aerosol powder breath activated 250-50 micrograms/dose with instructions for one inhalation by mouth two times a day for treatment of COPD. The clinical record documented a physician's order dated 2/17/22 for ipratropium-albuterol solution 0.5-2.5 (3) milligrams/3 milliliters with instructions for one puff inhaled by mouth three times per day for shortness of breath. Resident #313's medication administration record (MAR) documented the resident was not administered scheduled doses of fluticasone-salmeterol aerosol 250-50 mcg/dose on 3/27/22 at 9:00 a.m. and 6:00 p.m., and was not administered scheduled doses of ipratropium-albuterol 0.5-2.5 mg/3 ml on 3/27/22 at 8:00 a.m. and 2:00 p.m. The missed doses were coded on the MAR with a reference to see nursing notes. Nursing notes dated 3/27/22 at 10:44 a.m., 10:51 a.m., 3:11 p.m. and 6:24 p.m. documented concerning the medication doses not administered, awaiting from pharmacy. There was no documentation about any attempts to acquire the medications from the pharmacy, use of the back-up pharmacy or notification to supervision and/or the provider about the missed doses. On 3/29/22 at 4:08 p.m., Resident #313 was interviewed about the recently missed medications. Resident #313 stated he missed two of his breathing medications this past Sunday (3/27/22). Resident #313 stated the nurse working informed him that the medications were not in the cart. Resident #313 stated he did not know if the medications were not re-ordered in time or if the pharmacy just did not deliver them. On 3/29/22 at 4:40 p.m., the director of nursing (DON) was interviewed about Resident #313's unavailable medications on 3/27/22. The DON stated she talked with the pharmacy and the insurance coverage would not allow early re-ordering of the fluticasone-salmeterol and ipratropium-albuterol. The DON stated the supply ran out with the last doses administered on 3/26/22. The DON stated the medications did not get to the facility on [DATE] in time so the resident missed two scheduled doses of each of the medicines. The DON stated the pharmacy did not deliver on Sunday until the evening. (continued on next page)

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	495105	A. Building B. Wing	11/30/2021

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Lynchburg Health & Rehabilitation Center	5615 Seminole Avenue Lynchburg, VA 24502

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	On 3/30/22 at 8:15 a.m., the survey team met with the administrator, DON and corporate consultant (administrative staff #3) about Resident #313's missed medications. The corporate consultant stated Resident #313's missed doses of fluticasone-salmeterol and ipratropium-albuterol did not show on their monitoring reports so the administrative staff were not previously aware the medicines were not given as ordered. The corporate consultant stated she interviewed the nurse administering medications on 3/27/22 to Resident #313 and the nurse said she looked in the other medication carts and was unable to locate the scheduled medicines for the resident. The DON stated the nurse should have notified the pharmacy that she did not have the medicines to administer, should have activated use of the back-up pharmacy and should have notified the provider about a possible alternate treatment for the unavailable medicines. The DON stated there were no 24-hour pharmacy services available in the immediate area and their back-up pharmacy did not always provide immediate delivery of medications. The facility's policy titled Provider Pharmacy Requirements (revised 08-2020) documented, Regular and reliable pharmaceutical service is available to provide residents with prescription and nonprescription medications, services, and related equipment and supplies .The provider pharmacy agrees to perform all of, but not only, the following pharmaceutical services .Providing routine and timely pharmacy service as contracted, as well as emergency pharmacy service 24 hours per day, seven days per week .Medications will be delivered by the primary pharmacy or back-up pharmacy or are available from the emergency medication kit/back-up medication supply . These findings were reviewed with the administrator, director of nursing and corporate consultant on 3/29/22 at 4:45 p.m. and on 3/30/22 at 8:15 a.m.