



## Search for an Assisted Living Facility



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### White Birch Communities

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Rockingham, VA 22801-3924  
(540) 879-9699

**Current Inspector:** Angela N Via (540) 682-1739

**Inspection Date:** July 30, 2021 , Aug. 2, 2021 , Aug. 3, 2021 and Aug. 4, 2021

**Complaint Related:** No

### Areas Reviewed:

22VAC40-73 GENERAL PROVISIONS  
22VAC40-73 ADMINISTRATION AND ADMINISTRATIVE SERVICES  
22VAC40-73 PERSONNEL  
22VAC40-73 STAFFING AND SUPERVISION  
22VAC40-73 ADMISSION, RETENTION, AND DISCHARGE OF RESIDENTS  
22VAC40-73 RESIDENT CARE AND RELATED SERVICES  
22VAC40-73 RESIDENT ACCOMODATIONS AND RELATED PROVISIONS  
22VAC40-73 BUILDING AND GROUNDS  
22VAC40-73 EMERGENCY PREPAREDNESS  
22VAC40-73 ADDITIONAL REQUIREMENTS FOR FACILITIES THAT CARE FOR ADULTS WITH SERIOUS COGNITIVE IMPAIRMENTS

### Article 1

#### Subjectivity

63.2 General Provisions.

63.2 Protection of adults and reporting.

63.2 Licensure and Registration Procedures

63.2 Facilities and Programs..

22VAC40-90 Background Checks for Assisted Living Facilities

22VAC40-90 The Sworn Statement or Affirmation

22VAC40-90 The Criminal History Record Report

22VAC40-80 THE LICENSE.

22VAC40-80 THE LICENSING PROCESS.

### Technical Assistance:

Recommendations given to the administrator:

1. Ensure all registered medication aides and nurses receive regular in-services on medication and treatment refusals, medication administration and treatment documentation, and reporting protocols.
2. A new health and fire inspection must be received by the licensing office before a new license may be issued.

### Comments:

A renewal inspection was initiated on 7/30/2021 and concluded on 8/4/2021. The administrator was contacted by telephone to initiate the inspection. The administrator reported that the current census was 43. The inspector emailed the administrator a list of items required to complete the remote documentation review portion of the inspection. The inspector reviewed three resident and four staff records, selected sections of five resident, one contract staff and three staff records, activities calendar, menu, staff schedules, fire drills, health care oversight, dietary reviews, medication administration records, physicians' orders and other information submitted by the facility to ensure documentation was complete. The inspector conducted the on-site portion of the inspection on 8/4/2021. An exit interview was conducted with the administrator on the date of the inspection, where findings were reviewed and an opportunity was given for questions, as well as for providing any information or documentation which was not available during the inspection. Information gathered during the inspection determined non-compliance with applicable standards or law, and violations were documented on the violation notice issued to the facility.

### Violations:

Standard #: 22VAC40-73-660-B

Description: Based upon documentation and an interview, the facility failed to ensure one of four residents was assessed on the uniform assessment instrument ([UAI](#)) as capable of self-administering medications when kept in the room.

EVIDENCE:

1. Resident 3 had an order signed on 10/14/2020 by the physician to self-administer and keep Proair HFA/Albuterol Inhaler at bedside.
2. On 8/4/2021, the LI conducted a medication cart audit and the Albuterol was not in the medication cart.
3. On 8/4/2021, the LI interviewed the administrator who stated resident 4 self-administers the Proair/Albuterol Inhaler and keeps it in his room.
4. The current [UAI](#) on file was completed on 10/9/2020 and assessed resident 4 as needing medications administered/monitored by a lay person.
5. The individualized service plan ([ISP](#)), completed and signed 10/9/2020 stated, "Medications will be administered by WBC trained staff. Meds will be administered per doctor's orders. Medication aides will monitor resident for effectiveness and side affects. Will report to appropriate person immediately. Resident may self-administer Albuterol inhaler and keep at bedside."
6. The July and August 2021 [MARs](#) listed the Proair HFA Inhaler as follows: "Take 2 puffs by mouth every 4 hours as needed for wheezing or shortness of breath. If symptoms persist > 24 hours, call provider. May keep at bedside."

[Plan of Correction:](#) After reviewing this violation, the [UAI](#) was updated for this resident by the DON. For future admissions and changes, the DON will be a second set of eyes to ensure that the [ISPs](#) and [UAIs](#) match for the memory care residents and the director of memory care will do the same for the DON for assisted living residents when these documents are completed for admission and for renewal. In addition, the physicians' orders for self-administer medications will be audited along with the [UAIs](#) and [ISPs](#).

Standard #: 22VAC40-73-680-I

Description: Based upon observations, documentation and interviews, the facility failed to ensure accurate documentation of treatment refusals on the July and August medication administration record ([MARs](#)) for one of four residents.

EVIDENCE:

1. Resident 3 had signed physicians' orders for TED hose dated 10/14/2020 and 7/29/2021.
2. The July and August [MARs](#) listed TED hose to be administered every morning and removed every night at bedtime. Each day was initialed by staff as being administered and removed as ordered.
3. On 8/4/2021, the LI interviewed resident 3 and he stated when the staff put the TED hose on he takes them off as he does not need them and has not been wearing them. The LI observed the resident and he did not have the TED hose on at approximately 3:30 pm.
4. On 8/4/2021, two of the evening shift medication aides were interviewed and both stated he often refuses the TED hose or removes them.
5. The July and August [MARs](#) did not have any refusals documented and each day was signed off that staff had put on and removed the TED hose.

[Plan of Correction:](#) After reviewing this violation, a plan has been developed to ensure that accurate documentation is being completed for treatments by the White Birch Medication Aides. First of all, an order was obtained by the administrator/registered nurse (RN) to discontinue the TED hose. Second of all, both registered medication aides (RMAs) who made the error on this inspection were spoken to directly and one-on-one by the administrator regarding the seriousness of inaccurate documentation of treatments and what the consequences will be if it happens again. The consequence will be a second write-up, and then termination. Going forward, as part of the action to be taken to prevent reoccurrence, treatments will specifically be addressed by the auditor. The line for that item has been added to our current monthly audit sheet, which will be conducted by the lead assisted living RMA and overseen by the director of nursing (DON). The DON shall conduct or designate a lead RMA to ensure treatments are being spot checked by interviewing the residents and looking for evidence that treatments are being done. Any treatments found not to be done will be reported to the DON immediately. Lastly, the administrator, DON and director of memory care will conduct an in-service on resident refusal of medications and treatments to all floor staff.

Standard #: 22VAC40-73-680-M

Description: Based upon documentation, observations and an interview, the facility failed to ensure one over-the-counter medication was available for one of the four residents' records reviewed.

EVIDENCE:

1. The July and August [MARs](#) for resident 3 listed 10 mg Bisacodyl to be administered daily as needed for constipation.
2. Resident 3 had a current physician's order signed on 7/29/2021 for 10 mg Bisacodyl to be administered daily as needed for constipation.
3. On 8/4/2021, the Li conducted a medication cart audit and Bisacodyl was not in the medication cart for resident 3.
4. On 8/4/2021, the administrator, who was the nurse on duty, stated the Bisacodyl for resident 3 was not in the medication cart or available on site.

[Plan of Correction:](#) After reviewing this violation, the facility pharmacy was notified that this resident was missing the medication and it was ordered. As with the documentation error as needed ([PDA](#)) medications will be part of the monthly audit which will be

ordered. As with the documentation error, as-needed ([PRN](#)) medications will be part of the monthly audit, which will be overseen by the DON and completed by the lead assisted living RMA. When a new [PRN](#) medication is ordered, the DON or director of memory care will acknowledge the order in Eldermark and a copy of the order will be left for the lead RMA to audit and ensure that the medication arrives to the building. For resident #3, the [UA](#) was updated by the DON and the DON ensured that the medication was in the building.

**Disclaimer:**

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