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Woods Cove Assisted Living

201 W. Criser Road
Front royal, VA 22630
(540) 636-6611

Current Inspector: Jill James (540) 418-2631

Inspection Date: Feb. 25, 2021 and March 11, 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 EMERGENCY PREPAREDNESS
22VAC40-73 ADDITIONAL REQUIREMENTS FOR FACILITIES THAT CARE FOR ADULTS WITH SERIOUS COGNITIVE IMPAIRMENTS

Article 1
Subjectivity
22VAC40-90 Background Checks for Assisted Living Facilities
22VAC40-90 The Sworn Statement or Affirmation
22VAC40-90 The Criminal History Record Report

Technical Assistance:

1. Clarify 4pm lantus order for resident D as discussed.
2. A sliding scale order is considered a regular order and not a standard [PRN](#) order. When the scale is not used staff can document zero units given and it is not necessary to make an additional note on the back of the [MAR](#).
3. When noting zero or that medication was not given due to blood glucose level be sure to indicate what the reading was consistently. This would be good to include in your insulin documentation training discussed during the exit.
4. As per discussion resident F has two medications indicated for pain. Although the need for pain medication can be expressed asking for one or the other by the resident does not happen. The orders need clarification as to which should be given and under what circumstances.,
5. As per discussion only the back portion of your building is considered a secure unit and those individuals must have a diagnosis of some form of dementia.

Comments:

This inspection was conducted by licensing staff using an alternate remote protocol necessary due to a state of emergency health pandemic declared by the Governor of Virginia.
A renewal inspection was initiated on 2/25/2021 and concluded on 3/011/2021. The administrator and assistant director were contacted by email to initiate the inspection. The administrator reported that the current census was 40. The inspector emailed the administrator a list of things required to complete the inspection. The inspector reviewed three resident charts including notes and an additional nine medication records. Three staff records that included training, any certification requirements and staff scheduling. Background checks and sworn disclosures were reviewed for eight additional staff that are new since the last inspection in April 2020. The facility has a current fire and health inspection. Additionally emergency drills, health care, dietary and pharmacy over site were all submitted by the facility to ensure documentation was complete. Information gathered during this renewal inspection determined non-compliance with two applicable standards or law, and the violations were documented on the violation notice issued to the facility. These were reviewed with the administrator and assistant director.
Thank you to staff and administration for your patience and assistance during this desk review process. You will be notified by mail regarding your renewal status which is determined by the risk assessment profile generated within the system and following review by the licensing administrator. Should you have additional questions or concerns please call (540) 332-2330 or e-mail this inspector at sharon.deboever@dss.virginia.gov.

Violations:

Standard #:	22VAC40-73-680-D
Description:	Resident J has an order for Lantus 22 units at bedtime and Lispro insulin 10 units with breakfast. The order has no parameters related to circumstances under which the medication would be held. Documentation on the medication

administration record ([MAR](#)) indicates that Lantus was held on 2/1 and 2/20. Lispro insulin was held on 2/2-2/4, 2/7, 2/13, 2/16, 2/21 and 2/28. Documented reason for not giving states " withheld per DR/RN order". No harm was noted to the resident as insulin is not by standards of practice administered when fasting blood glucose levels are less than 100 which they were, however, the physicians order was not followed.

[Plan of Correction](#): Administrator will contact physician to determine if parameters should be included and they will be added to the [MAR](#). Staff assisting with medication will receive refresher training on following physicians orders and if there is a question physician or nurse should be contacted as it relates to insulin administration. The administrator assumes responsibility for compliance and future monitoring.

Standard #: 22VAC40-73-680-I

Description: Resident H has an order for application of a salonpas each morning and removal each night. Documentation is clear that the resident refused placement in the morning every day in February except 2/1,2/1,2/4,2/7 and 2/9. Staff initials for removal are indicated every night for the month of February with no indication that the patch was not there to remove. Initials with no explanation indicate the medication was given or treatment occurred which in this case it did not as per an interview with the administrator.

[Plan of Correction](#): Staff assisting with medication will receive refresher training on documentation via the nurse. All areas of documentation related to the [MAR](#) will be included. The administrator assumes responsibility for setting up the training, compliance and future monitoring. As per discussion with licensing, this resident is on hospice. They are aware of the refusals and wish to continue with the medication as listed.

Disclaimer:

This information is provided by the Virginia Department of Social Services, which neither endorses any facility nor guarantees that the information is complete. It should not be used as the sole source in evaluating and/or selecting a facility.

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