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The Legacy at North Augusta, Inc.

1410 A N. Augusta Street
Staunton, VA 24401
(540) 885-5454

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

Inspection Date: Aug. 31, 2021 , Sept. 1, 2021 and Sept. 3, 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

Technical Assistance:

1. Recommended indicating the minimum length of each activity and only indicating the start and end time of the activity when it is different from the minimum length.
2. Fire inspection needs to be submitted to the licensing inspector upon completion.
3. The resident orientation form may be signed by the family member; however, the resident must still sign the form, even when the resident has a serious cognitive impairment.
4. Recommended when resident has signed an agreement to have meals in room that this information be included on the individualized service plan.
5. Update the name and contact information of the new licensing administrator on all Residents' Rights forms and discard any previous forms so they are not used.
6. Recommended the administrator send an email to the fire inspector to get clarification on the requirements for fire drills.
7. Note on schedule which staff are assigned to the secured unit.

Comments:

A monitoring inspection was initiated on 8/31/2021 and concluded on 9/3/2021. The administrator was contacted by telephone to initiate the inspection. The administrator reported that the current census was 99. The inspector emailed the administrator a list of items required to complete the remote documentation review portion of the inspection. The inspector reviewed five resident and five staff records, selected sections of six additional resident and three staff records, one volunteer record, one contract staff record, 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 a virtual inspection on 9/3/2021. An exit interview was conducted with the administrator on the date of the virtual 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 #: 22VAC40-73-640-A

Description: Based upon documentation and interviews, the facility failed to implement the medication administration plan for two of the five resident records reviewed.

EVIDENCE:

1. Resident 4 had a physician's order signed 8/10/2021 for "Diclofenac Sodium Gel 1% apply two gram transdermally every 8 hours as needed for Pain in hands. If no relief in 48 hours, contact PCP." The renewed order indicated the start date was 10/27/2020.
2. The August and September medication administration records ([MARs](#)) for resident 4 listed "Diclofenac Sodium Gel 1% apply 2 gram transdermally every 8 hours as needed for Pain in hands. If no relief in 48 hours, contact PCP."
3. On 9/3/2021, the licensing inspector (LI) along with staff 7 conducted a virtual medication cart audit and the Diclofenac Sodium Gel was not found in the medication cart.
4. On 9/3/2021, the LI interviewed staff 7 and she stated the gel was not in the medication cart.
5. Resident 5 had signed physician's orders to self-administer Biotene Dry Mouth, Artificial Tears and Hydrocortisone Cream.
6. The August and September [MARs](#) for resident 5 listed the Biotene Dry Mouth, Artificial Tears and Hydrocortisone Cream as "May keep at bedside for resident to self-administer."
7. The uniform assessment instrument ([UAI](#)) completed 6/24/2021, indicated resident 5 "Self-administers Artificial Tears, Biotene and Hydrocortisone."
8. The individualized service plan ([ISP](#)) for resident 5, completed and signed on 6/24/2021 by staff stated, "Resident will be safe administering approved medications in their apartment per PCP orders." Artificial Tears, Biotene and Hydrocortisone were then listed.
9. On 9/3/2021, the LI (virtually) along with staff 7 went to resident 5's room and she stated she did not have the Artificial Tears, Biotene and Hydrocortisone Cream as she was out. Staff 7 asked where these medications would be kept and then checked this area and around her room and the medications were not found.
10. An assessment for resident 5 to self-administer these medications was completed on 8/2/2021 by the director of assisted living (DAL).
11. A progress note for 7/1/2021 electronically signed by staff 8 stated, "Resident's son brought in Artificial Tears, Biotene, and Hydrocortisone for resident to self-admin-two bottles of each, should be notified to bring in more 9/1/21."
12. On 9/3/2021, the LI interviewed the administrator who stated there was no documentation indicating the family was notified to reorder these medications.
13. The facility's medication management plan states under the section Pharmacy Communication, 7.a. "All medications will be monitored by the staff responsible for administering medication. All orders will be double checked by the night shift charge nurse/med tech nightly in PCC/eMAR for accuracy and filled in a timely manner. The pharmacy will be notified within 7 days prior to the last dose being administered. All communication of medication ordering will be documented in PCC as an order or reorder. 9.a. All medication staff are responsible for monitoring the need for refills and the pharmacy will be notified within 7 days prior to the last dose being administered. A LPN/RMA will enter reorder in PCC to ensure refill request sent. LPN/RMA will sign off as supply available when medication arrives. This applies to both scheduled and [PRN](#) medication."

Plan of Correction: The physician discontinued all orders for the Diclofenac. The Artificial Tears, Biotene and Hydrocortisone were discontinued per the physician. Nursing staff administering medication will complete an in-service by 9/24/21 reviewing the medication management plan to ensure medication orders are entered into the [MARs](#) correctly, ordered medications are available in the medication cart, approved self-administering medications are available and ensuring communication to responsible family at least seven days prior to the last dose when reordering is needed. The director of nursing will audit [MARs](#), medication carts and self-administering medications quarterly to ensure compliance.

Standard #: 22VAC40-73-680-G

Description: Based upon observations, documentation and an interview, the facility failed to ensure one of three residents' medications reviewed were properly labeled.

EVIDENCE:

1. Resident 1 had physician's orders signed on 8/11/2021 for therapeutic multivitamin, one tablet by mouth one time a day for health maintenance, and vitamin D-3 one 125mcg tablet by mouth one time a day for health maintenance.
2. On 9/3/2021, the LI, along with staff 7, conducted a cart audit and the over-the-counter therapeutic multivitamin and vitamin D-3 did not have pharmacy labels nor were they labeled with the resident's name.
3. On 9/3/2021, the LI interviewed staff 7 and she stated these two medications were not labeled with the resident's name.

Plan of Correction: The over-the-counter (OTC) medications were immediately properly labeled with the resident's name. Nursing staff administering medications will complete an in-service by 9/24/21 to review the medication management plan for labeling resident medications. The director of nursing will audit the medication carts quarterly to ensure compliance.

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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