

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 495274	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 01/27/2022
NAME OF PROVIDER OR SUPPLIER Virginia Veterans Care Center		STREET ADDRESS, CITY, STATE, ZIP CODE 4550 Shenandoah Ave N W Roanoke, VA 24017	

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

(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (Each deficiency must be preceded by full regulatory or LSC identifying information)
<p>F 0684</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Provide appropriate treatment and care according to orders, resident's preferences and goals.</p> <p>Based on staff interview, clinical record review, and during a medication pass and pour observation, the facility staff failed to administer the physician ordered vitamin Certavite senior for 1 of 33 residents, Resident #44.</p> <p>The findings included:</p> <p>For Resident #44, the facility staff failed to administer the physician ordered vitamin Certavite senior per the physicians order.</p> <p>Resident #44's clinical record included the diagnosis Alzheimer's disease, dysphagia, benign prostatic hyperplasia, and cognitive communication deficit.</p> <p>Resident #44's annual MDS (minimum data set) assessment with an ARD (assessment reference date) of 11/17/21 included a BIMS (brief interview for mental status) summary score of 3 of 15.</p> <p>01/26/22 7:43 a.m., the surveyor observed LPN (licensed practical nurse) #1 prepare and administer Resident #44's morning medications.</p> <p>After this observation, the surveyor reconciled Resident #44's medications using the clinical record. Resident #44's clinical record included an order for Certavite senior/antioxidant tablet (multiple vitamin with minerals) give 1 tablet by mouth one time a day for supplement with an order date of 12/11/2020. Per the medication administration record, this medication was to be administered at 9:00 a.m. daily.</p> <p>The surveyor did not observe this medication being prepared or administered.</p> <p>01/26/22 8:04 a.m., LPN #1 stated the Certavite was house stock and they had forgotten to administer it. LPN #1 pulled the bottle of Certavite from the medication drawer, placed it into a clear medication cup, and stated they would administer it to Resident #44.</p> <p>01/26/22 4:00 p.m., the administrator, DON (director of nursing), assistant administrator, and ADON (assistant director of nursing) were made aware of the issue regarding Resident #44's Certavite.</p> <p>No further information regarding this issue was provided to the survey team prior to the exit conference.</p>

Any deficiency statement ending with an asterisk (*) denotes a deficiency which the institution may be excused from correcting providing it is determined that other safeguards provide sufficient protection to the patients. (See instructions.) Except for nursing homes, the findings stated above are disclosable 90 days following the date of survey whether or not a plan of correction is provided. For nursing homes, the above findings and plans of correction are disclosable 14 days following the date these documents are made available to the facility. If deficiencies are cited, an approved plan of correction is requisite to continued program participation.

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE	TITLE	(X6) DATE
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