State of Virginia

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	VA0081	A. BUILDING: ______ B. WING ______	03/03/2020

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
ROCKY MOUNT HEALTH & REHAB CENTER	**300 HATCHER STREET ROCKY MOUNT, VA 24151**

POC NOT FINAL

(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETE DATE
F 000	Initial Comments An unannounced biennial State Licensure Inspection was conducted 03/01/2020 through 03/03/2020. One complaint was investigated during the survey. The facility was not in compliance with the Virginia Rules and Regulations for the Licensure of Nursing Facilities. The census in this 180 certified bed facility was 110 at the time of the survey. The survey sample consisted of 22 current resident reviews and 2 closed record reviews.	F 000		
F 001	Non Compliance The facility was out of compliance with the following state licensure requirements: This RULE: is not met as evidenced by: The facility was not in compliance with the following Virginia Rules and Regulations for the Licensure of Nursing Facilities: Nursing Services: 12 VAC 5-371-220(B) cross reference to F tag 758.	F 001	This plan of correction constitutes the written allegation of compliance for the deficiencies sited. However, submission of this plan of correction is not an admission that a deficiencies exists or that one was cited correctly. The plan of correction is submitted to meet requirements established by State and Federal Law. F758 Corrective Actions: Resident 81's attending physician was notified that the facility staff administered a PRN medication (lorazepam) for a reason other than the reason ordered by the provider. Resident 81's medication regimen was reviewed by the attending provider with PRN psychotropic medication (lorazepam) via intramuscular injection every four (4) hours as needed	4/13/20

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE: Electronically Signed | TITLE | (X6) DATE: 03/20/20

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F 001	Continued From page 1	F 001	for seizure and was discontinued on 3/2/2020. Identification of deficient practice and corrective action: All other residents receiving PRN psychotropic medication (lorazepam) via intramuscular injection as needed may have been potentially affected. The DON, on 3/2/2020 reviewed the medication orders of all resident receiving PRN psychotropic medication (loraepam) via intramuscular injection as needed to ensure not administered for a reason other than the reason ordered by the provider. No issues found. Systemic Change: All current licensed nursing staff were in-serviced by the DON and/or designee on proper administration of PRN psychotropic medications to include PRN psychotropic medication administered for reason ordered by the provider, completed 3/7/2020. Licensed Nurses upon hire will be educated by DON or designee on proper administration of PRN psychotropic medication to include PRN psychotropic medication administered for reason ordered by the provider. Monitoring: The DON is responsible for maintain compliance. The DON or designee will complete an audit to monitor PRN psychotropic medication administration to ensure not administered for a reason other than the reason ordered by the provider daily Monday thru Friday x 1 week then weekly x 12 weeks. Any	

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F 001	Continued From page 2	F 001	negative findings will be corrected immediately and appropriate disciplinary action will be taken as necessary. Aggregate findings of these audits will be provided to the Quality Assurance Performance Improvement (QAPI) committee for review, analysis, and recommendations for change in facility policy, procedure, and/or practice monthly x 3 months.	