

DEPARTMENT OF HEALTH AND HUMAN SERVICES
CENTERS FOR MEDICARE & MEDICAID SERVICES

PRINTED: 10/16/2021
FORM APPROVED
OMB NO. 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 495118	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____		(X3) DATE SURVEY COMPLETED C 03/03/2020
NAME OF PROVIDER OR SUPPLIER ROCKY MOUNT HEALTH & REHAB CENTER			STREET ADDRESS, CITY, STATE, ZIP CODE 300 HATCHER STREET ROCKY MOUNT, VA 24151		
(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) COMPLETION DATE	
E 000	Initial Comments	E 000			
F 000	INITIAL COMMENTS	F 000			
F 758 SS=D	Free from Unnec Psychotropic Meds/PRN Use CFR(s): 483.45(c)(3)(e)(1)-(5) §483.45(e) Psychotropic Drugs. §483.45(c)(3) A psychotropic drug is any drug that affects brain activities associated with mental processes and behavior. These drugs include, but are not limited to, drugs in the following categories: (i) Anti-psychotic; (ii) Anti-depressant; (iii) Anti-anxiety; and (iv) Hypnotic Based on a comprehensive assessment of a resident, the facility must ensure that--- §483.45(e)(1) Residents who have not used	F 758		4/13/20	

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE Electronically Signed	TITLE	(X6) DATE 03/20/2020
---	-------	--------------------------------

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.

DEPARTMENT OF HEALTH AND HUMAN SERVICES
CENTERS FOR MEDICARE & MEDICAID SERVICES

PRINTED: 10/16/2021
FORM APPROVED
OMB NO. 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 495118	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____		(X3) DATE SURVEY COMPLETED C 03/03/2020
NAME OF PROVIDER OR SUPPLIER ROCKY MOUNT HEALTH & REHAB CENTER			STREET ADDRESS, CITY, STATE, ZIP CODE 300 HATCHER STREET ROCKY MOUNT, VA 24151		
(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) COMPLETION DATE	
F 758	<p>Continued From page 1</p> <p>psychotropic drugs are not given these drugs unless the medication is necessary to treat a specific condition as diagnosed and documented in the clinical record;</p> <p>§483.45(e)(2) Residents who use psychotropic drugs receive gradual dose reductions, and behavioral interventions, unless clinically contraindicated, in an effort to discontinue these drugs;</p> <p>§483.45(e)(3) Residents do not receive psychotropic drugs pursuant to a PRN order unless that medication is necessary to treat a diagnosed specific condition that is documented in the clinical record; and</p> <p>§483.45(e)(4) PRN orders for psychotropic drugs are limited to 14 days. Except as provided in §483.45(e)(5), if the attending physician or prescribing practitioner believes that it is appropriate for the PRN order to be extended beyond 14 days, he or she should document their rationale in the resident's medical record and indicate the duration for the PRN order.</p> <p>§483.45(e)(5) PRN orders for anti-psychotic drugs are limited to 14 days and cannot be renewed unless the attending physician or prescribing practitioner evaluates the resident for the appropriateness of that medication. This REQUIREMENT is not met as evidenced by: Based on staff interviews, clinical record review, and facility document review, it was determined the facility staff failed to ensure that one (1) of 24 sampled residents (Resident #81) was free from a unnecessary psychotropic medication as evidence by the administration of a psychotropic</p>	F 758	<p>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</p>		

DEPARTMENT OF HEALTH AND HUMAN SERVICES
CENTERS FOR MEDICARE & MEDICAID SERVICES

PRINTED: 10/16/2021
FORM APPROVED
OMB NO. 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 495118	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____		(X3) DATE SURVEY COMPLETED C 03/03/2020
NAME OF PROVIDER OR SUPPLIER ROCKY MOUNT HEALTH & REHAB CENTER			STREET ADDRESS, CITY, STATE, ZIP CODE 300 HATCHER STREET ROCKY MOUNT, VA 24151		
(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) COMPLETION DATE	
F 758	<p>Continued From page 2</p> <p>medication (lorazepam) for a reason other than the reason ordered by the provider.</p> <p>The findings include:</p> <p>Resident #81 was administered a psychotropic medication (lorazepam) for a reason other than the provider documented reason the medication was ordered.</p> <p>Resident #81's minimum data set (MDS) assessment, with an assessment reference date (ARD) of 11/27/19, had the resident's Brief Interview for Mental Status scored a three (3) out of 15. The resident was assessed as receiving anti-anxiety medications. Resident #81's diagnoses included, but were not limited to: high blood pressure, dementia, diabetes, seizures, and anxiety. Resident #81's care plan included, but was not limited to, focus areas of: anxiety, seizure disorder, and verbal behaviors.</p> <p>Resident #81's provider orders included a current order, dated 11/21/2019, for two (2) mg lorazepam to be administered via intramuscular injection every four (4) hours as needed for seizures.</p> <p>Resident #81's electronic medication administration records (eMAR) had documentation indicating the aforementioned ordered lorazepam was administered at the following times: on 12/31/2019 at 12:41 a.m. and 1/4/2020 at 12:10 a.m.</p> <p>A progress note, with an effective date and time of 12/31/19 at 12:41 a.m., documented Resident #81's condition as "yelling about a man being in [Resident's] room, yelling about being put in the</p>	F 758	<p>correction is submitted to meet requirements established by State and Federal Law.</p> <p>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 for seizure and was discontinued on 3/2/2020.</p> <p>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 (lorazepam) via intramuscular injection as needed to ensure not administered for a reason other than the reason ordered by the provider. No issues found.</p> <p>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,</p>		

DEPARTMENT OF HEALTH AND HUMAN SERVICES
CENTERS FOR MEDICARE & MEDICAID SERVICES

PRINTED: 10/16/2021
FORM APPROVED
OMB NO. 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 495118	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____		(X3) DATE SURVEY COMPLETED C 03/03/2020
NAME OF PROVIDER OR SUPPLIER ROCKY MOUNT HEALTH & REHAB CENTER			STREET ADDRESS, CITY, STATE, ZIP CODE 300 HATCHER STREET ROCKY MOUNT, VA 24151		
(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) COMPLETION DATE	
F 758	<p>Continued From page 3</p> <p>bed ..." This progress note was written related to the administration of the lorazepam; no documentation of seizure activity was found by or provided to the surveyor.</p> <p>A progress note, with an effective date and time of 1/4/20 at 12:10 a.m., documented Resident #81's condition as "yelling, inconsolable ..." This progress note was written related to the administration of the lorazepam; no documentation of seizure activity was found by or provided to the surveyor.</p> <p>The following information was found in a pharmacy policy titled "General Dose Preparation and Medication Administration" (with an effective date of 12/1/07 and a revision date of 1/1/13): "Document necessary medication administration/treatment information ... on appropriate forms ..." The facility's Administrator provided this policy to the survey team on 3/2/20 at 3:58 p.m. Wording of this policy indicated the section quoted above applied to as needed medications (PRN medications).</p> <p>On 3/3/20 at 8:24 a.m., the facility's Administrator was asked about the administration of lorazepam to Resident #81 for a reason other than as ordered for seizures. The Administrator confirmed the lorazepam administrations in question failed to follow the provider's order.</p> <p>During a survey team meeting with the facility's Administrator and Director of Nursing, on 3/3/20 at 11:15 a.m., the aforementioned lorazepam administrations for Resident #81 was discussed for a final time.</p>	F 758	<p>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.</p> <p>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 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.</p>		