

State of Virginia

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: VA0209	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING _____	(X3) DATE SURVEY COMPLETED 12/02/2021
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NAME OF PROVIDER OR SUPPLIER ROMAN EAGLE REHABILITATION AND HEALTH CARI	STREET ADDRESS, CITY, STATE, ZIP CODE 2526 NORTH MAIN STREET DANVILLE, VA 24540
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(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	<p>Initial Comments</p> <p>An unannounced Medicare/Medicaid standard survey and biennial State Licensure Inspection was conducted 11/30/21 through 12/02/21. One complaint was investigated during the survey. Corrections are required for compliance with 42 CFR Part 483 Federal Long Term Care requirements and Virginia Rules and Regulations for the Licensure of Nursing Facilities. The Life Safety Code survey/report will follow.</p> <p>The census in this 312 certified bed facility was 193 at the time of the survey. The survey sample consisted of 35 current Resident reviews and 2 closed record reviews.</p>	F 000		
F 001	<p>Non Compliance</p> <p>The facility was out of compliance with the following state licensure requirements:</p> <p>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.</p> <p>Director of Nursing 12 VAC 5-371-200 (B)(1)(ii) - cross reference to F658</p> <p>Nursing Services 12VAC5-371-220 (B)-cross reference to F759</p> <p>Pharmacy Services 12VAC5-371-300 (A)-cross reference to F761</p> <p>12 VAC 5-371-360 (F) Clinical Records cross reference to F842.</p>	F 001	<p>F658: Resident #119 s medications are administered correctly then documented on the MAR, 12/3/2021.</p> <p>LPN #21 will receive education on correct medication administration and documentation by the Staff Development Coordinator. The Director of Nursing will ensure compliance.12/8/2021</p> <p>All LPN s and RN s responsible for administering and documenting medications will be in serviced on correct medication administration procedure by the Staff Development Coordinator. The Director of Nursing will ensure compliance. 12/30/2021</p>	1/14/22

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE

Electronically Signed

TITLE

(X6) DATE

12/27/21

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F 001	Continued From page 1	F 001	<p>A 100% audit (see attached form) will be conducted by the Pharmacist and/or RN Nurse Managers of all nurses who administer medications to ensure correct medication administration and documentation. The Director of Nursing will ensure compliance. 12/30/2021</p> <p>Quarterly 20 % of all nurses who administer medications will be audited by the Pharmacist and/or RN Nurse Managers to ensure correct medication administration and documentation. Results of the audit will be reviewed by the Quality Assurance Coordinator with appropriate action taken, The Director of Nursing will ensure compliance. 1/14/2022</p> <p>F759: Resident #119 s medications are being administered and documented correctly. 12/3/2021</p> <p>LPN #21 will receive education on correct medication administration and documentation by the Staff Development Coordinator. The Director of Nursing will ensure compliance. 12/08/2021</p> <p>All LPN s and RN s responsible for administering and documenting medications will be in serviced on correct medication administration procedure by the Staff Development Coordinator. The Director of Nursing will ensure compliance. 12/30/2021</p> <p>A 100% audit(see attached form) will be</p>	

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F 001	Continued From page 2	F 001	<p>conducted by the Pharmacist and/or RN Nurse Managers of all nurses who administer medications to ensure correct medication administration and documentation. The Director of Nursing will ensure compliance.12/30/2021</p> <p>Quarterly 20 % of all nurses who administer medications will be audited by the Pharmacist and/or RN Nurse Managers to ensure correct medication administration and documentation. Results of the audit will be reviewed by the Quality Assurance Coordinator with appropriate action taken, The Director of Nursing will ensure compliance.01/14/2022</p> <p>F761: The narcotic medication Lorazepam/Ativan is stored in a locked box that is permanently affixed to the locked refrigerator on East Wing. The Pharmacist will ensure compliance. 12/02/2021</p> <p>An audit (see attached forms) will be conducted on East wing by the RN Nurse Manager to ensure the narcotic Lorazepam/Ativan is stored in a locked box that is permanently affixed to the locked refrigerator on East Wing. The Director of Nursing will ensure compliance. 12/10/2021</p> <p>Quarterly, the unit (East Wing) will be audited by the RN Nurse Manager to ensure the narcotic Lorazepam/Ativan is stored in a locked box that is permanently affixed to the locked refrigerator on East</p>	

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F 001	Continued From page 3	F 001	<p>Wing. The Quality Assurance Coordinator and Director of Nursing will ensure compliance. 1/14/2022</p> <p>F842: Resident #77 s DDNR has been completed correctly with appropriate blocks checked.12/7/2021</p> <p>All staff responsible for completing DDNR forms will receive education on complete documentation required on the DDNR form by the Staff Development Coordinator. The Assistant Administrator will ensure compliance.12/30/2021</p> <p>A 100 % audit (see attached forms) of all residents DDNR forms will be conducted by medical records personnel. Results of the audit will be reviewed by Assistant Administrator with appropriate action taken.12/30/2021</p> <p>Quarterly 20 % of all resident DNR forms will be audited by medical records personnel to ensure all forms are completed correctly. Results of the audit will be reviewed by Assistant Administrator with appropriate action taken.01/14/2022</p>	