

State of Virginia

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  <b>VA0081</b>	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____  B. WING _____	(X3) DATE SURVEY COMPLETED  <b>C</b> <b>08/25/2022</b>
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NAME OF PROVIDER OR SUPPLIER  <b>ROCKY MOUNT HEALTH &amp; REHAB CENTER</b>	STREET ADDRESS, CITY, STATE, ZIP CODE <b>300 HATCHER STREET ROCKY MOUNT, VA 24151</b>
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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><b>Initial Comments</b></p> <p>An unannounced biennial State Licensure Inspection was conducted 08/22/2022 through 08/25/2022. The facility was not in substantial compliance with Virginia Rules and Regulations for the Licensure of Nursing Facilities. Corrections were required.</p> <p>The census in this 145 certified bed facility was 104 at the time of the survey. The survey sample consisted of 21 current resident reviews and 5 closed record reviews.</p>	F 000		
F 001	<p><b>Non Compliance</b></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 Licensure of Nursing Facilities.</p> <p><b>Nursing Services:</b> 12 VAC 5-371-220 (B)-cross reference to F-580 12 VAC 5-371-220 - cross reference to F-684</p> <p><b>Resident Assessment and Care Planning:</b> 12 VAC 5-371-250 - cross reference to F-657</p> <p><b>Diagnostic services</b> 12 VAC 5-371-310 (A) - cross reference to F-770</p> <p><b>Clinical Records:</b> 12 VAC 5-371-360 (E) - cross reference to F-842</p>	F 001	<p>For areas of non compliance cited, please accept the Plan of Correction for the cross referenced Federal citations.</p>	9/30/2022

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



TITLE

Administrator

(X6) DATE

9/19/2022