

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 495270	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 03/29/2024
NAME OF PROVIDER OR SUPPLIER Rosemont Health & Rehab Center, LLC		STREET ADDRESS, CITY, STATE, ZIP CODE 3750 Sentara Way Virginia Beach, VA 23452	

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>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 40711</p> <p>Based on staff and resident interview, clinical record review, review of facility documents, the facility staff failed to administer physician ordered medications for 1 of 7 residents (Resident #1), in the survey sample.</p> <p>The findings included:</p> <p>Resident #1 was admitted to the facility 2/16/22 and readmitted on [DATE]. The resident's diagnoses include Diabetes Mellitus without complications and Depression Unspecified.</p> <p>The quarterly Minimum Data Set (MDS) assessment with an assessment reference date (ARD) of 1/10/24 coded the resident as completing the Brief Interview for Mental Status (BIMS) and scoring 15 out of a possible 15. This indicated Resident #1's cognitive abilities for daily decision making were intact. In section GG (Functional Abilities Goal) the resident was coded as requiring supervision with eating, requiring partial or moderate assistance with oral hygiene, requiring substantial/maximal assistance with toileting/hygiene, dependent with showering/bathing.</p> <p>According to the Medication Administration Record (MAR) Resident #1 had a scheduled eye appointment on 9/19/23. The MAR listed a chart code of #13 which indicated that Resident #1 was absent from home and didn't receive his morning medications or treatment on 9/19/23 at 9:00 AM.</p> <p>The following medications were not administered on 9/19/23 at 9:00 AM:</p> <p>Baclofen Tablet 5 MG Give 1 tablet by mouth one time a day for spasms.</p> <p>Cetirizine HCl Tablet 10 MG Give 1 tablet by mouth one time a day for allergic rhinitis.</p> <p>Bacitracin External Ointment 500 UNIT/GM (Bacitracin (Topical) Apply to scalp topically two times a day for sores to scalp.</p> <p>Carvedilol Tablet 6.25 MG Give 1 tablet by mouth two times a day for hypertension.</p> <p>Combigan Solution 0.2-0.5 % (Brimonidine Tartrate- Timolol) Instill 1 drop in both eyes two times a day for eye care.</p> <p>Eliquis Tablet 5 MG (Apixaban) Give 1 tablet by mouth two times a day for DVT prevention.</p> <p>(continued on next page)</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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<p>F 0684</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Fluticasone Propionate Suspension 50 MCG/ACT 2 spray in both nostrils two times a day for allergies.</p> <p>Metformin HCl Tablet 500 MG Give 1 tablet by mouth two times a day for Diabetes Mellitus (DMII).</p> <p>Tylenol Extra Strength Oral Tablet 500 MG (Acetaminophen) Give 1 tablet by mouth two times a day for pain.</p> <p>Voltaren External Gel 1 % (Diclofenac Sodium (Topical) Apply to bilateral knees topically two times a day for pain.</p> <p>Gabapentin Oral Capsule (Gabapentin) Give 400 mg by mouth three times a day for neuropathy.</p> <p>On 3/27/24 an interview was conducted with Licensed Practical Nurse (LPN) #2 at approximately 2:45 PM. LPN #2 said that she is not aware of the resident not getting medications nor a lunch tray but said that Resident #1 did get nauseated and was vomiting at his appointment on 9/19/23. LPN #2 also said that the resident will get lightheaded when sitting up in the wheel chair. LPN #2 also mentioned that he should have received his lunch tray but the family usually orders food out. He came back from his appointment with fried chicken.</p> <p>According to the MAR/TAR and medical records LPN #2 was his nurse on 9/19/23</p> <p>On 3/27/24 at approximately 3:30 PM., The DON was asked for a medication audit record to ensure the time the medications were given on 9/19/23.</p> <p>On 3/28/24 at approximately 9:30 AM., an interview was conducted with Resident #1 concerning his eye appointment on 9/19/23. Resident #1 mentioned that on 9/19/23 he did not receive his breakfast or morning medications because the staff was running late on getting him ready for his eye appointment. Resident #1 also stated that the staff is now checking his blood sugars and providing meals when he returns from appointments.</p> <p>On 3/28/24 at approximately 10:10 AM., an interview was conducted with the unit manager LPN #1 concerning missed medications and treatment. LPN #1 said that she's not sure if the resident received his medications on 9/19/23.</p> <p>On 3/28/24 at approximately 1:40 PM., an interview was conducted with the Medical Director concerning missed treatments. The Medical Director said that the Skin prep is used to dry the area out on the residents skin.</p> <p>On 3/29/24 at approximately 3:39 PM, a final interview was conducted remotely with the Administrator, Director of Nursing, and Regional Nurse Consultant. The DON said she would look into it (missed medications). A medication audit record was requested for the second time to ensure if medications were given to Resident on 9/19/23 when he returned from his appointment. The DON was not able to provide the audit record to validate medications were administered.</p> <p>No further information was given from the DON concerning the missed medications prior to survey exit.</p>		