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

PRINTED: 10/07/2020 FORM APPROVED OMB NO. 0938-0391

DF DEFICIENCIES CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION A. BUILDING			(X3) DATE SURVEY COMPLETED	
345137		B. WING			10/06/2020	
NAME OF PROVIDER OR SUPPLIER  THE LODGE AT ROCKY MOUNT HEALTH AND REHABILITATION			STREET ADDRESS, CITY, STATE, ZIP CODE  3322 VILLAGE ROAD  ROCKY MOUNT, NC 27804			
SUMMARY STATEMENT OF DEFICIENCIES  (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)		ID PREFIX TAG	(EACH CORRECTIVE ACTION CROSS-REFERENCED TO THE	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)		
Initial Comments		E 0	00			
An unannounced COVID-19 Focused Survey was conducted on 10/06/2020. The facility was found in compliance with 42 CFR §483.73 related to E-0024 (b)(6), Subpart-B-Requirements for Long Term Care Facilities. Event ID# 2XW411.						
00 INITIAL COMMENTS		F 0	00			
Control Survey was of The facility was found §483.80 infection con implemented the CMS Control and Prevention	conducted on 10/06/2020. If in compliance with 42 CFR outrol regulations and has S and Centers for Disease on (CDC) recommended					
	ROVIDER OR SUPPLIER  SUMMARY ST. (EACH DEFICIENC REGULATORY OR I)  Initial Comments  An unannounced CC was conducted on 10 found in compliance related to E-0024 (b)(for Long Term Care F 2XW411.  INITIAL COMMENTS  An unannounced CC Control Survey was on the facility was found §483.80 infection contimplemented the CMS Control and Preventice.	ROVIDER OR SUPPLIER  SE AT ROCKY MOUNT HEALTH AND REHABILITATION  SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)  Initial Comments  An unannounced COVID-19 Focused Survey was conducted on 10/06/2020. The facility was found in compliance with 42 CFR §483.73 related to E-0024 (b)(6), Subpart-B-Requirements for Long Term Care Facilities. Event ID# 2XW411.	A. BUILDIN  345137  B. WING_  ROVIDER OR SUPPLIER  SE AT ROCKY MOUNT HEALTH AND REHABILITATION  SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)  Initial Comments  An unannounced COVID-19 Focused Survey was conducted on 10/06/2020. The facility was found in compliance with 42 CFR §483.73 related to E-0024 (b)(6), Subpart-B-Requirements for Long Term Care Facilities. Event ID#  2XW411.  INITIAL COMMENTS  F 0  An unannounced COVID-19 Focused Infection Control Survey was conducted on 10/06/2020. The facility was found in compliance with 42 CFR §483.80 infection control regulations and has implemented the CMS and Centers for Disease Control and Prevention (CDC) recommended	A BUILDING  345137  B. WING  STREET ADDRESS, CITY, STATE, ZIP COI  3222 VILLAGE ROAD  ROCKY MOUNT HEALTH AND REHABILITATION  SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)  An unannounced COVID-19 Focused Survey was conducted on 10/06/2020. The facility was found in compliance with 42 CFR §483.73 related to E-0024 (b)(6), Subpart-B-Requirements for Long Term Care Facilities. Event ID# 2XW411.  INITIAL COMMENTS  An unannounced COVID-19 Focused Infection Control Survey was conducted on 10/06/2020. The facility was found in compliance with 42 CFR §483.80 infection control regulations and has implemented the CMS and Centers for Disease Control and Prevention (CDC) recommended	A BUILDING  345137  B. WING  STREET ADDRESS, CITY, STATE, ZIP CODE  3322 VILLAGE ROAD  ROCKY MOUNT HEALTH AND REHABILITATION  SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)  Initial Comments  A BUILDING  STREET ADDRESS, CITY, STATE, ZIP CODE  3322 VILLAGE ROAD  ROCKY MOUNT, NC 27804  ID PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)  Initial Comments  E 000  An unannounced COVID-19 Focused Survey was conducted on 10/06/2020. The facility was found in compliance with 42 CFR §483.73 related to E-0024 (b)(6), Subpart-B-Requirements for Long Term Care Facilities. Event ID# 2XW411.  INITIAL COMMENTS  F 000  An unannounced COVID-19 Focused Infection Control Survey was conducted on 10/06/2020. The facility was found in compliance with 42 CFR §483.80 infection control regulations and has implemented the CMS and Centers for Disease Control and Prevention (CDC) recommended	

**Electronically Signed** 

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