PRINTED: 07/10/2025 FORM APPROVED OMB NO. 0938-0391

STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA AND PLAN OF CORRECTION IDENTIFICATION NUMBER:		(X2) MULTIPLE CONSTRUCTION  A. BUILDING			(X3) DATE SURVEY COMPLETED		
		345137	B. WING_				C <b>26/2025</b>
NAME OF PR	ROVIDER OR SUPPLIER		1	ST	REET ADDRESS, CITY, STATE, ZIP CODE	1 00/	20/2023
THE LODG	GE AT ROCKY MOUNT H	EALTH AND REHABILITATION			22 VILLAGE ROAD DCKY MOUNT, NC 27804		
(X4) ID PREFIX TAG	(EACH DEFICIENC	ATEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL LSC IDENTIFYING INFORMATION)	ID PREFIX TAG		PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BI CROSS-REFERENCED TO THE APPROPRIA DEFICIENCY)		(X5) COMPLETION DATE
F 000	INITIAL COMMENTS	;	F	000			
	6/24/25 to 6/26/25. E The following intake v NC00228080.	was investigated					
	Intake NC00228080 i jeopardy.	resulted in immediate					
	Past-noncompliance	was identified at:					
	(J)	684 at a scope and severity					
	The tags F684 and F Quality of Care.	689 constituted Substandard					
F 684 SS=J	jeopardy was remove in compliance effectiv A partial extended su Quality of Care		Fé	684			
	applies to all treatment facility residents. Bas assessment of a resident residents received accordance with professor practice, the compressor plan, and the resident REQUIREMENT by:	Indamental principle that Int and care provided to It and on the comprehensive Ident, the facility must ensure It treatment and care in It is essional standards of Inensive person-centered Isidents' choices. It is not met as evidenced					
		iew, observation, and			Past noncompliance: no plan of		(VO) PATE
LABORATORY I	DIRECTOR'S OR PROVIDER/S	SUPPLIER REPRESENTATIVE'S SIGNATURE			TITLE		(X6) DATE

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

**Electronically Signed** 07/10/2025

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.

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULT A. BUILDII		CONSTRUCTION	(X3) DATE SURVEY COMPLETED	
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		345137	B. WING _			1	26/2025
	ROVIDER OR SUPPLIER  GE AT ROCKY MOUNT	HEALTH AND REHABILITATION		33	TREET ADDRESS, CITY, STATE, ZIP CODE 322 VILLAGE ROAD OCKY MOUNT, NC 27804		
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F 684	the facility failed to for injury by a qualif moving the resident transportation van. Transportation Driving avoid a collision, Rewheelchair and her driver's seat. Transports the van to check on resident's left foot of seat, repositioned Frand then continued resident's appointment hospital, the resident wheelchair, and the floor of the van. The swollen and she was instructed Transport resident to the Emer The resident was identification of the van to the Emer The resident was identification of the van. The resident was identification of the part of the findings included Resident #1 was acceptable of the part of the pody), end stag dependence on dial.	in resident, and the physician, have Resident #1 assessed fied professional prior to a following a fall in the On 6/05/25 when er #1 made an abrupt stop to resident #1 slid out of her left foot wedged under the portation Driver #1 stopped the resident, she pulled the resident, she pulled the resident #1 in her wheelchair, to the hospital for the rent. Upon arrival at the rest of her body was on the rest of her body was on the resident's ankle was visibly in pain. Hospital staff tation Driver #1 to take the regency Department (ED). Rentified with a nondisplaced of the left ankle (involves a rest of the ankle). There was a rether injury from moving a prior to a clinical assessment ient practice affected 1 of 3 for accidents (Resident #1).  In the discontinuation of the renal disease with resis (weakness on one side of the renal disease with resis (	F	584	correction required.		
		5/07/25 revealed Resident #1					

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NAME OF D		345137	B. WING _	0.TDEET ADDRESS SITV STATE 71D 00	DE.	06/2	26/2025
NAME OF PI	ROVIDER OR SUPPLIER			STREET ADDRESS, CITY, STATE, ZIP CO	DE		
THE LODG	GE AT ROCKY MOUNT H	EALTH AND REHABILITATION		3322 VILLAGE ROAD			
				ROCKY MOUNT, NC 27804			
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F 684	Continued From page	⊋ 2	F 6	884			
	as having upper and impairment on one si	Resident #1 was assessed lower extremities de and she was dependent and wheelchair mobility.					
	the Director of Nursin revealed Resident #1 when the brakes on t to avoid an accident. the Emergency Roon	Event report completed by g (DON) dated 6/05/25 was out to an appointment he van were put on suddenly The resident was taken to n (ER) due to ankle swelling with a left ankle fracture.					
	while transporting Re and slam on her brak indicated she was look Resident #1 say "my had slid down in the word of the was "cramped up" un went to back of the was readjust. Transportation resident up in the whole the resident and pullices She strapped Reside replaced the resident drive. When they are Transportation Driver had slid down again to chair for her (Transportation Administrator and masituation. Transportation Transportation.	#1 revealed on 6/05/25 sident #1 she had to swerve les to avoid a collision. She bking in the mirror and heard foot", noted that the resident wheelchair. Transportation he noticed Resident #1's foot ider the driver's seat. She an, undid Resident #1's seatbelt off of the resident to ion Driver #1 pulled the leelchair by getting behind higher up with her arms. ht #1's chair back in, 's seatbelt and continued to lived at the hospital #1 noted that the resident but was too far down in her lortation Driver #1) to pull her on Driver #1 called the					
	building and asked fo	or assistance. Hospital staff or Resident #1 back into the					

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NAME OF P	ROVIDER OR SUPPLIER	343137		STREET ADDRESS, CITY, STATE, ZIP		06/26/2025	
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THE LODG	SE AT ROCKY MOUN	T HEALTH AND REHABILITATION		ROCKY MOUNT, NC 27804			
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F 684	Continued From page	age 3	F 6	684			
	the resident should	staff at the hospital stated that d go to the ER for imaging. ver #1 and hospital staff took ER.					
	An interview was of Driver #1 on 6/24/2 Driver #1 stated the to an appointment front of her, slammed hard on other car. She reversident #1 in her stopped the van at resident. She obserdown in her wheel her chest and acrossident was yelling saw her foot was of seat. Transportation the resident's foot then unstrapped the down straps to mo could put her arms pulled the resident indicated she mad secured, fastened continued to the approximately one they arrived at the #1 noted that the resident was again and the rest of her van. Transportation #1 to the ground a colonoscopy facility repositioning the resident assistant assistant was a second and the rest of her van. Transportation #1 to the ground a colonoscopy facility repositioning the resident staff assistant was a second provided to the ground a colonoscopy facility repositioning the resident was a second provided to the ground a colonoscopy facility repositioning the resident was a second provided to the ground a colonoscopy facility repositioning the resident was a second provided to the ground a colonoscopy facility repositioning the resident was a second provided to the ground a colonoscopy facility repositioning the resident was a second provided to the ground a colonoscopy facility repositioning the resident was a second provided to the ground provided to	conducted with Transportation 25 at 1:31 PM. Transportation at she was driving Resident #1 on 6/05/25 when a car flew in hed on their brakes and she her brakes to avoid hitting the healed she could not see rear-view mirror, so she at the exit ramp to check on the erved Resident #1 had slid chair, the seat belt was above her brakes to avoid hitting the exit ramp to check on the erved Resident #1 had slid chair, the seat belt was above her her brakes above her neck. She reported the g "my foot, my foot" when she caught up under the driver's non Driver #1 stated she pulled out from under the driver's seat he seatbelt, unsecured the tie ve the wheelchair back so she at under the resident's arms and a back into the wheelchair. She he sure the wheelchair was the resident's seatbelt and appointment as they were mile from the hospital. When hospital Transportation Driver esident had slid down again, and the legs of the wheelchair body was on the floor of the noriver #1 lowered Resident not went into the hospital's y to request help with esident. She revealed the ted Resident #1 back into her did her the resident needed go to					

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		L IDENTIFICATION NUMBER:		TIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED		
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NAME OF P	ROVIDER OR SUPPLIER		1	STREET ADDRESS, CITY, STATE, ZIF	P CODE	1 00/	20/2023
				3322 VILLAGE ROAD			
THE LODG	GE AT ROCKY MOUNT H	IEALTH AND REHABILITATION		ROCKY MOUNT, NC 27804			
(X4) ID PREFIX TAG	(EACH DEFICIENC	ATEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL LSC IDENTIFYING INFORMATION)	ID PREFI) TAG	PROVIDER'S PLAN ( (EACH CORRECTIVE A CROSS-REFERENCED TO DEFICIE	CTION SHOULD BI O THE APPROPRIA		(X5) COMPLETION DATE
F 684	Continued From page the ER for x-rays. Trindicated she called ther aware of the situal Administrator told her ER and not her appoint Driver #1 revealed she (NA) and Medication she had no training of emergency. She reveso fast, she forgot her find help for the Resident #1 slipped of the driver had to slam ankle became wedge her resulting in left ar X-rays demonstrated fracture. Orthopedical recommended a post stirrups due to the fram and the resident bein noted with severe partiquid oxycodone (oping with pain control. The indicated the splint we evaluated by orthope was to be elevated for applied over the splint minutes at a time 6 times.	ansportation Driver #1 he Administrator and made ation. She reported the rotake Resident #1 to the intment. Transportation he was a Nursing Assistant Assistant (MA). She stated in what to do in a driving ealed the incident happened in NA training and wanted to dent, so she drove on to the ment at the hospital.  In dated 6/5/25 indicated but of her wheelchair when in on the breaks. Her left and under the seat in front of inkle swelling and pain. In a non-displaced trimalleolar is reviewed images and terior splint with ankle acture being non-displaced gron-ambulatory. She was in and was given a dose of oid pain medication) to help the discharge instructions as to be kept on and dry until dics and the resident's leg or swelling. Ice was to be the timaterial for 15 to 20 mes daily. Resident #1		584	NCY)		
	was given to take ever for severe breakthrouresident was dischard same day (6/5/25).	gularly prescribed a prescription for oxycodone ery 6 hours as needed (PRN) ugh pain symptoms. The ged back to the facility the ervation of Resident #1 was					

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<b>-</b> 11-1-00				3	322 VILLAGE ROAD		
THE LOD	GE AT ROCKY MOUNT I	HEALTH AND REHABILITATION		R	OCKY MOUNT, NC 27804		
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F 684	verified on 6/05/25, of the hospital she slid left foot was wedged Resident #1 stated vistopped the van and screaming due to the her foot was swollen Transportation Drive behind her and pulle Resident #1 indicate exit ramp to the hosp so Transportation Driappointment. Reside stopped at the colon hospital, she had slid again and her button footrests. She stated was "in a lot of pain foot". Resident #1 in Driver #1 ran inside with hospital staff with ewheelchair and cemergency department leg was X-rayed was broken and had leg. She was obsein an interview on 6/0 Administrator stated called on 6/05/25 to Transportation Drive had a swollen ankle, colonoscopy appoint instructed Transportaresident to the ER for phone conversation	5 at 10:44 AM. Resident #1 enroute to an appointment at out of her wheelchair and her under the driver's seat. when Transportation Driver #1 came to her she was e intense pain in her foot and	F	684			

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F 684	(the Administrator) in Transportation Driver facility first to notify the report if Resident #1  In an interview condutthe Physician stated (DON) called him on Resident #1 was in a broken ankle. The Physician have experienced adclinical assessment profit in the provided of immediate accomplished for the been affected by the On June 5, 2025, at a Resident #1 was bein Transportation Driver appointment. During Driver #1 made a sugfront abruptly braking who was seated in a landed on the footres Resident #1's left footen.	nency to call 911 and herself in mediately. She stated if #1 should have called the nem of the van incident and had any pain or injuries.  Inted on 6/24/25 at 4:10 PM the Director of Nursing 6/05/25 to notify him that van incident and had a nysician stated residents sessed after a fall by a fessional prior to moving stated the resident could ditional injury without a prior to being moved.  In the Administrator was jeopardy.  Ithe following corrective  The	F	584				

		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	` ′	LE CONSTRUCTION	(X3) DATE SURVEY COMPLETED		
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	ROVIDER OR SUPPLIER	IEALTH AND REHABILITATION		STREET ADDRESS, CITY, STATE, ZIP CODE  3322 VILLAGE ROAD  ROCKY MOUNT, NC 27804	1 00/2	.0/2023	
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F 684	van over to a safe look the van through the same Resident #1. Transport have resident assess professional prior to Transportation Driver was locked, secure, fastened. Resident # have some foot/anklet that the trip to the ap Transportation Driver facility to inform of the Upon arrival at the ap Driver #1 identified the down in the wheelchithe footrests of the worker #1 unsecured seatbelt and lowered position onto the flootrate footrests if members lifted the wheelchair. Resident wheelchair. Resident wheelchair to the em was diagnosed with a left ankle. Transportation to the facility at Resident #1 was at the being assessed in the On June 5, 2025, at Director of Nursing a Room to assist with I facility.	the time time the back of side door, and repositioned ortation Driver #1 failed to seed by a qualified moving the resident.  the the seatbelt was 1 stated she felt fine but did epain, but she requested pointment continue.  the thind the seatbelt was 1 stated she felt fine but did epain, but she requested pointment continue.  the thind the seatbelt was 1 stated she felt fine but did epain, but she requested pointment continue.  the thind the seatbelt was 1 stated she felt fine but did epain, but she requested pointment continue.  the thind the seatbelt was 1 stated she felt fine but did epain, but she requested pointment, Transportation at Resident #1 had slid ein in a squatting position on the elchair. Transportation Resident #1 from the Resident #1 to a safe of the van.  the thind two on-site hospital Resident #1 back into the end the transferred via the ergency room, where she artimalleolar fracture of the lation Driver #1 did not sout the incident until the hospital when she was	F 68	4			

` '		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	` '			(X3) DATE SURVEY COMPLETED	
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	ROVIDER OR SUPPLIER	HEALTH AND REHABILITATION		STREET ADDRESS, CITY, STATE, ZIP CODE  3322 VILLAGE ROAD  ROCKY MOUNT, NC 27804		00/20/2025	
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F 684	Improvement (QAPI) to discuss deficient plan of correction with attendance were the Operations Manager Director of Nursing, Coordinator, and Tradetermined the root deficient practice wadid not call the facilit therefore Resident # Transportation Drive resumed the drive to Transportation Drive notified the facility of the resident for a fact Medical Services (Elbefore resuming the Driver #1 should not before she was asset Address how the fact residents having the the same deficient poor June 5, 2025, and Administrator and Reforministrator and Reformi	ssurance and Performance of was held on June 5th 2025 oractice and implement a th monitoring tools. In Administrator, Regional of, Maintenance Director, Marketing and Admissions onsportation Driver #2. It was cause analysis for the source and implement and of the appointment and of the appointment and of the appointment and of the incident and waited with of the appointment.  Transportation have moved Resident #1 oracle of the past 30 of the past	F 68	34			

		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULT A. BUILDI		CONSTRUCTION	(X3) DATE SURVEY COMPLETED	
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	ROVIDER OR SUPPLIER	EALTH AND REHABILITATION		332	REET ADDRESS, CITY, STATE, ZIP CODE  22 VILLAGE ROAD  OCKY MOUNT, NC 27804	1 00/	20/2020
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F 684	Continued From page ensure there were no	e 9 unreported falls during	F	684			
	skin checks on any ne residents that were tr	Unit Manager performed on-alert and oriented ansported to appointment in views indicated no issues					
		all van drivers to determine ents, falls, or accidents had ner incidents, falls, or					
	The facility does not uservices.	utilize outside transportation					
	Address what measu systemic changes madeficient practice will						
	transportation drivers - If the facility van is i incident the driver she a safe place and call what happened They were instructe EMS could assess th resident. Only trained Transport drivers had pass after the educat could transport reside	r provided education to the on the following: nvolved in any type of buld pull over immediately to the facility to inform them of d to wait until a nurse or e resident before moving the staff can transfer residents. It to complete a post-test and ion was received before they ents.					
	On June 5, 2025, the by the Regional Oper	Administrator was informed attor that the above					

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F 684	Continued From pa	ge 10	F 68	4			
	education will be ac orientation for Trans not be allowed to w completed.  Indicate how the fac performance to make sustained:  Beginning June 5, 2 Director or designed audits to ensure if the resident falling or sl the van that the drive contacts the facility, arrive before movin residents per week ride-along audits per second to the contacts of the contact of the	dided to the New Hire sportation Drivers and they will ork until education has been cility plans to monitor its see sure solutions are  2025, the Maintenance ewill conduct ride-along there is any incident of a diding out of the wheelchair in the repulls over immediately, and waits on staff or EMS to go the resident with five for 3 weeks then 3 resident the week for 3 weeks, and then ong audit per week for 3					
	findings will be reviet facility's QAPI commenter three months by the identified will be addedicted actions an eneeded.  Alleged Date of Immand Compliance: 6/  The corrective action on 6/26/25. Interviet residents transported days did not reveal transportation. Reviet materials and sign-identification.	5, it was determined all ewed and reported to the mittee monthly for a period of e Administrator. Any concerns dressed promptly with and follow-up education as mediate Jeopardy Removal 6/2025  In plan was validated onsite ews with alert and oriented ed by the facility in the past 30 any concerns with their riew of staff education in sheets for the education etermine that education was					

	DF DEFICIENCIES CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULT A. BUILDIN	PLE CONSTRUCTION  G		(X3) DATE COMP	SURVEY LETED
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	ROVIDER OR SUPPLIER  GE AT ROCKY MOUNT H	EALTH AND REHABILITATION		STREET ADDRESS, CITY, STAT 3322 VILLAGE ROAD ROCKY MOUNT, NC 2780			
(X4) ID PREFIX TAG	(EACH DEFICIENC)	ATEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREFIX TAG	(EACH CORRECT CROSS-REFERENC	PLAN OF CORRECTION TIVE ACTION SHOULD B CED TO THE APPROPRIA FICIENCY)		(X5) COMPLETION DATE
F 684	any accident, to include could assess the resident. Review of the revealed initial audits monitoring audits were corrective action plan with the transport driver received education are regarding if involved it safely, call the facility	ortation drivers, if involved in de wait until a nurse or EMS dent before moving the he facility documents and ongoing ride-along e done per the facility's. Interviews were conducted ters who confirmed they had completed a post-test n any accident to pull over and wait until a nurse or e resident before moving the	F 6	84			
F 689 SS=J	Free of Accident Haza CFR(s): 483.25(d)(1)(1)(1)(1)(1)(1)(1)(1)(1)(1)(1)(1)(1)	ire that - sident environment remains zards as is possible; and sident receives adequate stance devices to prevent is not met as evidenced ew, observation, and resident, and the Physician, issure a resident was safely e with the manufacturer's slitty transportation van ical appointment at the when Transportation Driver op to avoid a collision of her wheelchair and her left	F 6	Past noncompliance correction required.	e: no plan of		

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F 689	left foot out from a repositioned Resi then continued to appointment. On a #1 had again slid was against the left of the set of her body was taken to the land identified with fracture of the left three parts of the she required a spup to a 10 (on a sworst pain possib for pain managent affected 1 of 3 resi (Resident # 1).  The findings inclust the following informunitary the following informunitary the following informunitary the pottoms and/or are around the occup rear tie down ping floor anchors to so the buckle rests on the lap belt viaunitary to sittle political are but consistent with the same point of the lap belt viaunitary to the lap belt viaunitary the same but consistent with the same point and across the same political architecture in the same political and across the same political architecture.	dent, she pulled the resident's under the driver's seat, dent #1 in her wheelchair, and the hospital for the resident's arrival at the hospital, Resident out of the wheelchair, her back ags of the wheelchair, and the ras on the floor of the van. She emergency Department (ED) in a nondisplaced trimalleolar ankle (involves a fracture of ankle). Her ankle was swollen, lint, and she suffered pain rated cale of 0-10 with 10 being the lete) requiring opioid medication ment. This deficient practice sidents reviewed for accidents ded:  In van's manufacturer's curing the passenger indicated mation: lize integrated stiffeners to feed mings between seat backs and mrests to ensure proper fit ant. The lap belt attaches to the connector (attached into the ecure the wheelchair) ensuring in the passenger's hip. It extends over the passenger's ses the upper torso, and fastens a pin connector.  The stiff of the resident's seat of the passenger's hip. It extends over the passenger's application of the passenger's hip.  The stiff of the resident's seat of the passenger's hip.  The stiff of the resident's seat of the passenger's hip.  The passenger's hip.	F	689			

		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULT A. BUILDII	TIPLE CONSTRUCTION  NG		(X3) DATE SURVEY COMPLETED	
		345137	B. WING _			C <b>06/26/2025</b>	
	ROVIDER OR SUPPLIER  GE AT ROCKY MOUNT	HEALTH AND REHABILITATION		STREET ADDRESS, CITY, STATE, ZIP CO 3322 VILLAGE ROAD ROCKY MOUNT, NC 27804	•	33/23/2323	
(X4) ID PREFIX TAG	(EACH DEFICIEN	STATEMENT OF DEFICIENCIES ICY MUST BE PRECEDED BY FULL R LSC IDENTIFYING INFORMATION)	ID PREFII TAG	PROVIDER'S PLAN OF X (EACH CORRECTIVE ACTI CROSS-REFERENCED TO T DEFICIENC	ON SHOULD BE HE APPROPRIATE	(X5) COMPLETION DATE	
F 689	from passenger's be components or part wheels, armrests, p - Occupants belts si bony structure of the worn low across the junction between lanear passenger's hit Resident #1 was ad 2/11/25 with diagnoright sided hemipare the body), end stagedependence on dial. The Minimum Data assessment dated was cognitively inta as having upper and impairment on one upon staff for transf Resident #1 had no An Incident/Accider the Director of Nurs revealed Resident # when the brakes on to avoid an accident the Emergency Rocand was diagnosed. An undated statemed Transportation Drive escorted Resident # transport. Transport Resident #1 rests hinstead of placing h	belt should not be held away belt should not be held away belt by wheelchair is such as the wheelchair's anels or frame. In hould always bear upon the expassenger's body and be a front of the pelvis, with the pand shoulder belts located posses which included stroke with easis (weakness on one side of experience are real disease with ysis, anxiety and depression.  Set (MDS) quarterly 5/07/25 revealed Resident #1 ct. Resident #1 was assessed do lower extremities side and she was dependent ers and wheelchair mobility. pain.  In Event report completed by ing (DON) dated 6/05/25 for was out to an appointment of the van were put on suddenly to the resident was taken to the com (ER) due to ankle swelling with a left ankle fracture.	F	689			

	OF DEFICIENCIES F CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MUL A. BUILD		CONSTRUCTION	(X3) DATE COMP	SURVEY LETED
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		345137	B. WING				26/2025
NAME OF P	ROVIDER OR SUPPLIER		•	S	TREET ADDRESS, CITY, STATE, ZIP CODE	-	
THE LOD	CE AT POCKY MOUNT	HEALTH AND REHABILITATION		33	322 VILLAGE ROAD		
THE LOD	GEAT ROCKT WOONT	HEALTH AND REHABILITATION		R	COCKY MOUNT, NC 27804		
(X4) ID PREFIX TAG	(EACH DEFICIEN	STATEMENT OF DEFICIENCIES NCY MUST BE PRECEDED BY FULL R LSC IDENTIFYING INFORMATION)	ID PREF TAG		PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD B CROSS-REFERENCED TO THE APPROPRIA DEFICIENCY)		(X5) COMPLETION DATE
F 689	seat belt in place of came off the exit ar front of the facility we do not brakes to avoid a county of the property of the pro	ghtened, with Resident #1's prectly. On the highway a car and slammed on the brakes in an, cutting Transportation and to swerve and slam on her pollision. Transportation Driver hirror and heard Resident #1 at that the resident had slid hair, but was still in portation Driver #1 indicated and #1's foot was "cramped up" eat. She went to back of the at #1's straps, and took the esident to readjust. For #1 pulled the resident up in etting behind the resident and the arms. She strapped back in, replaced the and continued to drive. When the and continued to drive. When the sident had slid down again but the chair for her the resident to get #1 called the Administrator are of the situation.  For #1 lowered the resident to ding behind the resident and	F	689			

	OF DEFICIENCIES CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	` '	IPLE CONSTRUCTION NG	(X	3) DATE SURVEY COMPLETED
		345137	B. WING			C <b>06/26/2025</b>
	ROVIDER OR SUPPLIER	T HEALTH AND REHABILITATION		STREET ADDRESS, CITY, STATE, ZIP O	CODE	06/26/2023
				ROCKY MOUNT, NC 27804		
(X4) ID PREFIX TAG	(EACH DEFICIE	' STATEMENT OF DEFICIENCIES NCY MUST BE PRECEDED BY FULL OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF ( (EACH CORRECTIVE ACT CROSS-REFERENCED TO DEFICIENCE	TION SHOULD BE THE APPROPRIATE	(X5) COMPLETION DATE
F 689	staff at the hospita go to the ER for in appointment for co	age 15 ver #1 parked. Registration I stated that the resident should naging and reschedule lonoscopy. Transportation oital staff took the resident to	F€	589		
	Driver #1 on 6/24/2. Driver #1 stated the to an appointment front of her, slamm slammed hard on other car. She reversident #1 in her stopped the van at resident. She obsedown in her wheel her chest and acroresident was yelling saw her foot was obseat. Transportation the resident's foot then unstrapped the down straps to mode had room to put he arms and pulled the wheelchair. She in wheelchair was sees seatbelt and continuer approximate. Transportation Drivarrived at the hosp colonoscopy appodown in her wheel her back against to the rest of her book in the slamment of the pook in the pook	conducted with Transportation 25 at 1:31 PM. Transportation at she was driving Resident #1 on 6/05/25 when a car flew in ned on their brakes and she her brakes to avoid hitting the ealed she could not see rear-view mirror, so she to the exit ramp to check on the erved Resident #1 had slid chair, the seat belt was above to she her neck. She reported the grimy foot, my foot when she caught up under the driver's on Driver #1 stated she pulled out from under the driver's seat the seatbelt, unsecured the tie over the wheelchair back so she er arms under the resident's the resident back into the dicated she made sure the cured, fastened the resident's the resident when she could to the appointment as they be yone mile from the hospital. The ported when she could for Resident #1's interest, Resident #1 had slid chair again. Resident #1 had the legs of the wheelchair and you was on the floor of the van above her chest and across her				

	OF DEFICIENCIES CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULT A. BUILDI		ISTRUCTION	(X3) DATE COMP	SURVEY LETED
		345137	B. WING _				C <b>26/2025</b>
	ROVIDER OR SUPPLIER  GE AT ROCKY MOUNT H	EALTH AND REHABILITATION		3322 \	T ADDRESS, CITY, STATE, ZIP CODE  VILLAGE ROAD  KY MOUNT, NC 27804	1 00.	
(X4) ID PREFIX TAG	FIX (EACH DEFICIENCY MUST BE PRECEDED BY FULL PREFIX		x	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)		(X5) COMPLETION DATE	
F 689	removed the seatbelt and moved the wheel room to lower Reside and went into the hos request help with reprhospital staff helped to wheelchair and one so the colonoscopy apport (Transportation Drive van and called the Act Driver #1 reported who Administrator told here ER.  The ER documentation Resident #1 slipped of the driver had to slammankle became wedge her resulting in left and X-rays demonstrated fracture. Orthopedics recommended a post stirrups due to the frame and the resident being noted with severe pailiquid oxycodone (opi with pain control. The indicated the splint we evaluated by orthope was to be elevated for applied over the splin minutes at a time 6 time could continue her reacetaminophen and a was given to take ever for severe breakthrous.	Driver #1 indicated she, unsecured the wheelchair chair backwards so she had int #1 to the floor of the van spital's colonoscopy facility to obsitioning the resident. Two he resident back up into taff member took her into bintment, while she in #1) went to park the facility liministrator. Transportation her she called the facility the into take Resident #1 to the into take Resident #1 to the into the breaks. Her left ind under the seat in front of akle swelling and pain. In a non-displaced trimalleolar is reviewed images and erior splint with ankle cure being non-displaced gron-ambulatory. She was in and was given a dose of oid pain medication) to help be discharge instructions as to be kept on and dry until dics and the resident's leg in swelling. Ice was to be to material for 15 to 20 mes daily. Resident #1 gularly prescribed a prescription for oxycodone ery 6 hours as needed (PRN)	F	589			

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION  A. BUILDING			(X3) DATE SURVEY COMPLETED	
		345137	B. WING			C 6/ <b>26/2025</b>	
	ROVIDER OR SUPPLIER	Γ HEALTH AND REHABILITATION		STREET ADDRESS, CITY, STATE, 3322 VILLAGE ROAD ROCKY MOUNT, NC 27804	•	0/20/2023	
(X4) ID PREFIX TAG	(EACH DEFICIE	STATEMENT OF DEFICIENCIES NCY MUST BE PRECEDED BY FULL OR LSC IDENTIFYING INFORMATION)	ID PREFI TAG	X (EACH CORRECTIVE CROSS-REFERENCED	N OF CORRECTION E ACTION SHOULD BE OTO THE APPROPRIATE CIENCY)	(X5) COMPLETION DATE	
F 689	returned from an a have an ace banda Her ankle was fractor oxycodone.  A phone interview 12:53 PM with Nur Resident #1 on 6/0 Resident #1 was re DON who reported a van accident. Th had been to the hobroken ankle. Nurs not been on any pahad returned from oxycodone due to  Physician's orders following:  - An active order (i acetaminophen 32 times a day for pai - An order dated 6/0 (milligrams) tablet; hours for pain PRN - An order dated 6/1 (milligrams) tabl	If revealed Resident #1 ppointment and was noted to age wrapped on the left ankle. It tured and she had a new order  was conducted on 6/24/25 at se #1 who was assigned to 15/25. Nurse #1 stated that returned to her room by the 1 that Resident #1 had been in 16 po DON reported Resident #1 spital and diagnosed with a 16 per #1 revealed Resident #1 had ain killers prior to that day and the ED with a prescription for their ankle fracture.  If or Resident #1 included the 105/25 for oxycodone 5 mg administer 2 tablets four 16 no. 106/25 for ice and elevation to 17 no. 105/25 for ice and elevation to 18 no for their ankle fracture.  In one was a series of the following a series of the followi	F	689			

	OF DEFICIENCIES CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	` ′	IPLE CONSTRUCTION  NG		(X3) DATE S	
		245427	B WING			C	
		345137	B. WING _			06/2	26/2025
NAME OF PI	ROVIDER OR SUPPLIER			STREET ADDRESS, CITY, STATE, ZIP C	ODE		
THE LODG	SE AT ROCKY MOUNT H	EALTH AND REHABILITATION		3322 VILLAGE ROAD			
THE LOD	SEAT ROOKT MOOKT T	EALTH AND REHADILITATION		ROCKY MOUNT, NC 27804			
(X4) ID PREFIX TAG	(EACH DEFICIENC	ATEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL LSC IDENTIFYING INFORMATION)	ID PREFI) TAG	PROVIDER'S PLAN OF (EACH CORRECTIVE ACT CROSS-REFERENCED TO T DEFICIENCE	TION SHOULD B THE APPROPRIA	I	(X5) COMPLETION DATE
F 689	Continued From page	e 18	F 6	889			
	PM written by the Ad Resident #1 returned appointment with rec						
	conducted on 6/24/28 on 6/05/25 she was cappointment when Trecut off in traffic and havoid hitting a car that Resident #1 stated was topped the van she onto the wheelchair's loose at her waist and under the driver's seat Transportation Driver best she could and to the best she could. Rate Transportation Driver came to her she was intense pain in her for She reported the Traffoot out, got behind havelchair. Resident the highway exit ram of the incident so Traffont to the appointment they stopped at the chospital, she had slid again and her buttool footrests, and the seawaist. She stated her "in a lot of pain and content to the seawaist."	ervation of Resident #1 was 5 at 10:44 AM. She revealed on the way to a colonoscopy ansportation Driver #1 was ad to make a sudden stop to at braked in front of them. Transportation Driver #1 slid out of her wheelchair footrest, the seat belt was done her left foot was wedged at. Resident #1 stated the standard her had strapped her in the edithe seatbelt across her resident #1 stated when strapped the van and screaming due to the ot and her foot was swollen. Insportation Driver pulled her er and pulled her up into her #1 indicated they were at the to the hospital at the time insportation Driver #1 drove to the hospital at the time insportation Driver #1 drove to the hospital at the time olonoscopy location at the down in the wheelchair as was resting on the at belt was loose at her foot was swollen, she was ould not feel her left foot."  It is a to the transportation Driver #1 and came out with hospital					

	DF DEFICIENCIES CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MUL <sup>-</sup> A. BUILDI		CONSTRUCTION	(X3) DATE COMP	SURVEY LETED
		345137	B. WING				26/2025
	ROVIDER OR SUPPLIER	EALTH AND REHABILITATION		33	REET ADDRESS, CITY, STATE, ZIP CODE  22 VILLAGE ROAD  DCKY MOUNT, NC 27804	1 001	20/2020
(X4) ID PREFIX TAG	X (EACH DEFICIENCY MUST BE PRECEDED BY FULL		PRECEDED BY FULL PREFIX (EACH CORRECTIVE ACTION SHO		PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD B CROSS-REFERENCED TO THE APPROPRI DEFICIENCY)		(X5) COMPLETION DATE
F 689	Continued From page		F	689			
	emergency departmenter leg was X-rayed at was broken and had at leg. She was observed. In an interview on 6/2 Regional Operations 6/05/25 Transportation her brakes to avoid his off. Transportation Drocheck on Resident #1 slid down in her wheel was caught up under Transportation Driver out from underneath the seatbelt, reposition wheelchair, secured the seatbelt. The Registated the accident has not being strapped in manufacturer's guided A re-enactment was one PM in the transportation operations Director at demonstrate how Resout of the wheelchair Operations Director enappened due to Resammest preventing Resources.	Director revealed that on n Driver #1 had to slam on itting a car that had cut her iver #1 stopped the van to and noted the resident had elchair and the resident's foot the driver's seat.  #1 pulled the resident's foot the driver's seat, unbuckled ned the resident in her he wheelchair and fastened place in the driver's seat, unbuckled ned the resident in her he wheelchair and fastened place in the driver's seat, unbuckled ned the resident in her he wheelchair and fastened place in the driver's seat, unbuckled ned the resident in her he wheelchair and fastened place in the securely per the ines.  Sconducted on 6/24/25 at 2:08 on van with the Regional nd Maintenance Director to sident #1 was able to slide on 06/05/25. The Regional explained the accident sident #1's wheelchair's esident #1 from being					
	instructions. The Reg was seated in a whee seat in the same loca wheelchair was positi Maintenance Director the van floor following	per the manufacturer's gional Operations Director elchair behind the driver's tion that Resident #1's oned on 6/05/25. The secured the wheelchair to g the manufacturer's demonstrated that the					

	OF DEFICIENCIES F CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	` ′	IPLE CONSTRUCTION  NG		(X3) DATE SURVEY COMPLETED	
		345137	B. WING _			C <b>06/26/2025</b>	
	ROVIDER OR SUPPLIER  GE AT ROCKY MOUNT H	IEALTH AND REHABILITATION		STREET ADDRESS, CITY, STATE, ZIF 3322 VILLAGE ROAD ROCKY MOUNT, NC 27804	CODE	00/20/2020	
(X4) ID PREFIX TAG	(EACH DEFICIENC	ATEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN ( ( (EACH CORRECTIVE AI CROSS-REFERENCED TO DEFICIE	CTION SHOULD BE O THE APPROPRIA		
F 689	over the wheelchair's resulted in the lap be against the resident's resident to be able to seat and her left foot driver's seat.  On 6/26/25 at 11:00 / explained in interview lap/shoulder belt sho wheelchair's armrest secure the resident.  In an interview on 6/2 Administrator stated called to notify her of colonoscopy hospital into the hospital. The Transportation Driver #1 had slid under her van. She revealed d realized the wheelch seat belt from correct An interview was correct An interview was correct An interview for Oxyco On 6/24/25 at 5:02 p notified of immediate  The facility provided action plan:  Address how corrects	alder belt was positioned arm on 06/05/25. This arm on 06/05/25. This alt not being firmly pressed alap and allowing the solide out of the wheelchair's getting wedged under the at the combination and be latched under the in order for the belt to firmly alternative value of the van incident after staff assisted Resident and the van incident after staff assisted Resident are seatbelt onto the floor of the uring the reenactment they air's armrest prevented the thy securing the resident.  Inducted on 6/24/25 at 4:10 and the color of the value of the	F 6	589			

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION  A. BUILDING		, ,	(X3) DATE SURVEY COMPLETED	
		345137	B. WING			C 6/26/2025	
	ROVIDER OR SUPPLIER	HEALTH AND REHABILITATION		STREET ADDRESS, CITY, STATE, ZIP CO 3322 VILLAGE ROAD ROCKY MOUNT, NC 27804		012012023	
(X4) ID PREFIX TAG	(EACH DEFICIEN	STATEMENT OF DEFICIENCIES ICY MUST BE PRECEDED BY FULL R LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF C (EACH CORRECTIVE ACTIO CROSS-REFERENCED TO TH DEFICIENCY	ON SHOULD BE IE APPROPRIATE	(X5) COMPLETION DATE	
F 689	manufacturer's instr the facility transport approximately 9:00 transported by Tran scheduled medical and transportation Drive to a vehicle in front Resident #1, who we forward and landed wheelchair. Resident the driver's seat. He resulting in an injury transportation Drive van over to a safe let the van through the Resident #1 safely, ensured the wheelch that the seatbelt was stated that she felt to the appointment of the transportation Driver #1 identified down in the wheelch the footrests of the to Driver #1 unsecured seatbelt and lowere position onto the flood Transportation Driver staff members lifted wheelchair. Resider wheelchair to the er	safely secure Resident #1 per uctions in her wheelchair in van. On June 5, 2025, at AM, Resident #1 was being sportation Driver #1 to a appointment. During the trip, er #1 made a sudden stop due abruptly braking. As a result, as seated in a wheelchair, slid on the footrests of the at #1's left foot lodged under er left foot twisted inward, or the footrests of the action, entered the back of side door, and repositioned Transportation Driver #1 hair was locked, secure, and is fastened. Resident #1 ine and requested that the trip continue.  Tappointment, Transportation that Resident #1 had slid hair in a squatting position on wheelchair. Transportation did Resident #1 from the did Resident #1 to a safe	F 68	39			

		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE A. BUILDING _	CONSTRUCTION	(X3) DATE SURVEY COMPLETED C	
		345137	B. WING		06/26/2025	
	ROVIDER OR SUPPLIER  GE AT ROCKY MOUNT	HEALTH AND REHABILITATION	3	TREET ADDRESS, CITY, STATE, ZIP CODE 322 VILLAGE ROAD ROCKY MOUNT, NC 27804	1 03/20/2020	
(X4) ID PREFIX TAG	(EACH DEFICIEN	STATEMENT OF DEFICIENCIES ICY MUST BE PRECEDED BY FULL R LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTIO (EACH CORRECTIVE ACTION SHOULD CROSS-REFERENCED TO THE APPROP DEFICIENCY)	D BE COMPLETION	
F 689	Continued From page	ge 22	F 689			
		:00 AM, the Director of ne Emergency Room to assist eturn to the facility.				
	Transportation Drive	ne Administrator placed er #1 on administrative leave on and return-to-duty				
	Improvement (QAP) to discuss deficient plan of correction w attendance were the Operations Manage Director of Nursing, Coordinator, and Tr determined the root #1 sliding out of the	ssurance and Performance  I) was held on June 5, 2025, practice and implement a ith monitoring tools. In Administrator, Regional In, Maintenance Director, Marketing and Admissions ansportation Driver #2. It was cause analysis for Resident wheelchair was the Indid not secure her in the				
	Address how the fac	manufacturer's instructions.  cility will identify other  potential to be affected by  practice:				
	Administrator and R of all alert and orien days that were trans determine if there w transport. No new is audit included the fo " Did your chair r " Did you feel un transport?	n audit was completed by the degional Operations Director sted residents for the past 30 sferred by the facility to sere any concerns with their sesues were identified. The billowing: move during the transport? safe or have a fall during				

	OF DEFICIENCIES CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULT A. BUILDII	TIPLE CONSTRUCTION  NG		OATE SURVEY OMPLETED
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	ROVIDER OR SUPPLIER  GE AT ROCKY MOUNT	HEALTH AND REHABILITATION		STREET ADDRESS, CITY, STATE, ZIP CO 3322 VILLAGE ROAD ROCKY MOUNT, NC 27804	DDE	33,23,232
(X4) ID PREFIX TAG	(EACH DEFICIEN	STATEMENT OF DEFICIENCIES ICY MUST BE PRECEDED BY FULL R LSC IDENTIFYING INFORMATION)	ID PREFII TAG	PROVIDER'S PLAN OF C (EACH CORRECTIVE ACTIVE CROSS-REFERENCED TO THE DEFICIENCY	ON SHOULD BE HE APPROPRIATE	(X5) COMPLETION DATE
F 689	skin checks and on residents that were in the past 30 days. related to transport.  On June 5, 2025, th completed medical non-alert and orient transported to appo Reviews indicated romagnetic facility does not services.  Address what meast systemic changes in deficient practice with Operations Director education with Drive ensuring the resider van and not moving fully secure.  On June 5, 2025, the Maintenance Direct facility transportations afety protocols incomot moving the van secure. This includes the past of the p	the Unit Manager performed any non-alert and oriented transported to appointments. Reviews indicated no issues are Regional Clinical Manager records reviews on any led residents that were interest in the past 30 days. In issues related to transport. If van drivers were interviewed other van incidents, falls or red ever. No other incidents, rere reported.  It utilize outside transportation that the lill not recur:  The Administrator and Regional conducted immediate er #1 on the importance of the is properly secured in the lithe van if the resident is not fully if the resident is not fully	F	589		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	l ` ′	PLE CONSTRUCTION G		(X3) DATE SURVEY COMPLETED	
		345137	B. WING			C <b>6/26/2025</b>	
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		0/20/2025	
(X4) ID PREFIX TAG	(EACH DEFICIEN	TATEMENT OF DEFICIENCIES CY MUST BE PRECEDED BY FULL R LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF COI (EACH CORRECTIVE ACTION CROSS-REFERENCED TO THE DEFICIENCY)	SHOULD BE	(X5) COMPLETION DATE	
F 689	they successfully co On June 5, 2025, the by the Regional Ope education will be add orientation for Trans not be allowed to we completed.  Indicate how the fact performance to mak sustained:  Beginning June 5, 20 Director or designee audits that include e secured in the whee instructions before the they will also ensure move during transponder week for 3 weeks the audits per week for 3 resident ride-along at As of June 5, 2025, will be reviewed and QAPI committee mo months by the Admin identified will be add corrective actions ar needed.  Alleged Date of Imma and Compliance: 6/6 The corrective action on 6/26/25. Review	the transportation van until mpleted both components. e Administrator was informed erator that the above ded to the New Hire portation Drivers and they will ork until education has been dility plans to monitor its e sure solutions are  025, the Maintenance will conduct ride-along insuring the resident is safely lichair per the manufacturer in evan leaves the parking lot, ort with five residents per en 3 resident ride-along is weeks, and then one audit per week for 3 weeks. It was determined all findings in reported to the facility's inthly for a period of three inistrator. Any concerns ir essed promptly with and follow-up education as instantiated in the second in t	F 6	39			

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION A. BUILDING			(X3) DATE SURVEY COMPLETED		
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	ROVIDER OR SUPPLIER	IEALTH AND REHABILITATION		STREET ADDRESS, CITY, STATE, ZIP CODE  3322 VILLAGE ROAD  ROCKY MOUNT, NC 27804				
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)		ID PREFII TAG	( (EACH CORRECT CROSS-REFEREI	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)			
F 689	protocols including promoving the van if the This included a hand and a post-test. Rev revealed initial audits audits were done per action plan. Interview transport drivers who education regarding a proper use of the fact Observations were connecting the securing t	e that education was ortation drivers on safety roper securement and not resident is not fully secure. s-on return demonstration iew of the facility documents and ongoing monitoring the facility's corrective as were conducted with the confirmed they received safety protocols and the safety as well to onducted of transport staff the safety protocols and the safety as wheelchair. The 6/06/25 removal date and	F	589				