

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

PRINTED: 01/17/2021  
FORM APPROVED  
OMB NO. 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  <b>495326</b>	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____  B. WING _____		(X3) DATE SURVEY COMPLETED  <b>C</b> <b>09/08/2020</b>
NAME OF PROVIDER OR SUPPLIER  <b>MONROE HEALTH &amp; REHAB CENTER</b>			STREET ADDRESS, CITY, STATE, ZIP CODE <b>1150 NORTHWEST DRIVE</b> <b>CHARLOTTESVILLE, VA 22901</b>		
(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) COMPLETION DATE	
E 000	Initial Comments  An unannounced Emergency Preparedness COVID-19 Focused Survey and Medicare/Medicaid Abbreviated Survey was conducted on 09/08/2020. The facility was in compliance with E0024 of 42 CFR Part 483.73, Requirements for Long-Term Care Facilities.	E 000			
F 000	INITIAL COMMENTS  An unannounced Medicare/Medicaid abbreviated survey and Focused Infection Control survey was conducted on 09/08/2020. Two complaints were investigated during the survey. VA0004523 was unsubstantiated with no deficient practice. VA00049635 was unsubstantiated with no deficient practice. The facility was in compliance with 42 CFR Part 483 Federal Long Term Care requirements.  The census in this 180 certified bed facility was 128 at the time of the survey. The survey sample consisted of 3 current record reviews and one closed record review.  There were no positive COVID-19 cases in the facility at the time of the survey. The last facility wide testing was conducted on 09/02/2020 that included 117 residents and 91 staff; 100 % of residents and staff tested negative. The next facility wide test was scheduled for 09/09/2020.	F 000			

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

TITLE

(X6) DATE

Electronically Signed

09/16/2020

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.