

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

PRINTED: 05/13/2022  
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>02/26/2019</b>
NAME OF PROVIDER OR SUPPLIER  <b>MONROE HEALTH &amp; REHAB CENTER</b>			STREET ADDRESS, CITY, STATE, ZIP CODE  <b>1150 NORTHWEST DRIVE CHARLOTTESVILLE, VA 22901</b>		
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F 000	INITIAL COMMENTS  An unannounced Medicare/Medicaid abbreviated survey was conducted on 02/26/2019. Corrections are required for compliance with 42 CFR Part 483 Federal Long Term Care requirements. One complaint was investigated during the survey.  The census in this 180 certified bed facility was 139 at the time of the survey. The survey sample consisted of one closed record review.	F 000			
F 580 SS=D	Notify of Changes (Injury/Delirium/Room, etc.) CFR(s): 483.10(g)(14)(i)-(iv)(15)  §483.10(g)(14) Notification of Changes. (i) A facility must immediately inform the resident; consult with the resident's physician; and notify, consistent with his or her authority, the resident representative(s) when there is- (A) An accident involving the resident which results in injury and has the potential for requiring physician intervention; (B) A significant change in the resident's physical, mental, or psychosocial status (that is, a deterioration in health, mental, or psychosocial status in either life-threatening conditions or clinical complications); (C) A need to alter treatment significantly (that is, a need to discontinue an existing form of treatment due to adverse consequences, or to commence a new form of treatment); or (D) A decision to transfer or discharge the resident from the facility as specified in §483.15(c)(1)(ii). (ii) When making notification under paragraph (g) (14)(i) of this section, the facility must ensure that all pertinent information specified in §483.15(c)(2) is available and provided upon request to the	F 580		2/27/19	

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

TITLE

(X6) DATE

Electronically Signed

02/27/2019

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.

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F 580	<p>Continued From page 1</p> <p>physician.</p> <p>(iii) The facility must also promptly notify the resident and the resident representative, if any, when there is-</p> <p>(A) A change in room or roommate assignment as specified in §483.10(e)(6); or</p> <p>(B) A change in resident rights under Federal or State law or regulations as specified in paragraph (e)(10) of this section.</p> <p>(iv) The facility must record and periodically update the address (mailing and email) and phone number of the resident representative(s).</p> <p>§483.10(g)(15)</p> <p>Admission to a composite distinct part. A facility that is a composite distinct part (as defined in §483.5) must disclose in its admission agreement its physical configuration, including the various locations that comprise the composite distinct part, and must specify the policies that apply to room changes between its different locations under §483.15(c)(9).</p> <p>This REQUIREMENT is not met as evidenced by:</p> <p>Based on staff interview, clinical record review, and in the course of a complaint investigation, the facility staff failed to notify the responsible party of a change in treatment for Resident #1.</p> <p>The family was not notified of the addition of Ativan to Resident #1's medication regimen for the treatment of anxiety.</p> <p>Findings were:</p> <p>Resident #1 was originally admitted to the facility on 06/01/2018 with the following diagnoses but not limited to: Vascular dementia with behavioral</p>	F 580	<p>Resident #1 was discharged to the hospital on 2/11/19 and did not readmit to the facility. Responsible party was re-notified by the unit manager on 2/26/19 regarding the physician order for Ativan dated 2/8/19. The Director of Nursing provided 1:1 re-education on 2/26/19 to the nurse who took the Ativan order regarding requirements for notification for changes.</p> <p>All physician's orders written since 2/1/19 were reviewed and compared with nursing documentation to ensure that notification</p>		

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F 580	<p>Continued From page 2</p> <p>disturbances, generalized anxiety, and encephalopathy. She was readmitted on 02/08/2019 following a NSTEMI (non-ST elevation Myocardial infarction) which occurred while at the facility.</p> <p>The most recent MDS (minimum data set) was a quarterly assessment with an ARD (assessment reference date) of 12/07/2018. Resident #1 was assessed as severely impaired with a cognitive summary score of "05". The MDS also assessed Resident #1 under "Section E0900: Wandering-Presence and Frequency- Has this resident wandered? 3-Behavior of this type occurs daily."</p> <p>The clinical record was reviewed on 02/26/2019. An order for "Lorazepam [Ativan] tablet .5 mg Give 0.5 mg by mouth every 6 hours as needed for anxiety related to VASCULAR DEMENTIA WITH BEHAVIORAL DISTURBANCE; GENERALIZED ANXIETY DISORDER; NON-ST ELEVATION (NSTEMI) MYOCARDIAL INFARCTION" dated 02/08/2019 was observed in the clinical record.</p> <p>The progress note section was reviewed. On 02/06/2019, Resident #1 was observed walking back and forth in her room. She stopped in front of her bed and and her legs gave out. She was unable to straighten out her legs and her range of motion was not normal, she was subsequently sent to the emergency room for an evaluation. She was admitted to the hospital and treated for a myocardial infarction (heart attack).</p> <p>Resident #1 returned to the facility on 02/08/2019: The following information was reviewed in the progress notes:</p>	F 580	<p>to the responsible party occurred with corrective action as needed.</p> <p>All licensed nurses to be re-educated by the Director of Nursing/designee as to the requirement to notify the responsible party of changes in resident condition and treatment, to include new physicians orders. Newly hired nurses will receive education during orientation on notification requirements and related documentation.</p> <p>Nursing administration will review physicians orders daily for 5 times per week during their clinical meeting and compare to nursing progress notes to ensure that notifications are occurring, with corrective action taken immediately if required and documented. The Director of Nursing will trend the findings from the daily reviews and report to the QAPI committee monthly x 3 months for additional recommendations and follow-up.</p>		

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F 580	<p>Continued From page 3</p> <p>"02/08/2019 15:05 [3:05 p.m.] RESIDENT 68 YEAR OLD FEMALE RETURNED FROM [Name of Hospital] DUE TO S/P FALL...RESIDENT READMITTED WITH DIAGNOSIS OF LUEKOCYTOSIS, PANIC ATTACK AND NSTEMI...NO SIGNS OF PAIN OR DISCOMFORT NOTED...RESIDENT AMBULATORY UP PACING THE HALLS, WITH PERIODS OF UNSTEADY GAIT..."</p> <p>"02/08/2019 22:00 [10:00 p.m.] Sleeping heavily after dinner to present. HS [hour of sleep] trazadone held. Earlier in evening shift, resident was very restless, despite receiving [Zoloft] early. [Name of doctor] phoned, Low dose Ativan .5 mg ordered, Resident went to sleep before this nurse could obtain a dose of Ativan. May have this q 6 h prn [every 6 hours as needed] [for] anxiety..."</p> <p>"02/09/2019 02:03 [a.m.] Resident is finally resting quietly in bed. She woke up about 0030 [12:30 a.m.] very agitated. Ativan 0.5 mg was given. Medication was effective at 0130 am...She ambulates with unsteady gait since her recent hospital admission..."</p> <p>There was no documentation in the clinical record that the RP (responsible party) was notified of the addition of the Ativan for Resident #1's anxiety.</p> <p>On 02/26/2019 at approximately 12:30 p.m., the DON (director of nursing) was interviewed. She was asked if there was any other place in the clinical record that notification of the RP would be documented. She stated, "No, it should be in the notes."</p> <p>No further information was obtained prior to the exit conference.</p>	F 580			

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