

State of Virginia

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  <b>VA0079</b>	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____  B. WING: _____	(X3) DATE SURVEY COMPLETED  <b>03/12/2020</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>		
(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) COMPLETE DATE
F 000	Initial Comments  An unannounced biennial State Licensure Inspection was conducted 03/10/2020 through 03/12/2020. Three complaints were investigated. Corrections are required for compliance with the Virginia Regulations for the Licensure of Nursing Facilities.  The census in this 180 bed facility was 140 at the time of the survey. The survey sample consisted of 28 current resident reviews, and four closed record reviews.	F 000		
F 001	Non Compliance  The facility was out of compliance with the following state licensure requirements:  This RULE: is not met as evidenced by: The facility was not in compliance with the following Virginia Rules and Regulations for the Licensure of Nursing Facilities:  12VAC5-371-250 (A -1, 9) Please cross reference to F-641  12VAC5-371-250 (F) Please cross reference to F-657  12VAC5-371-220 (B) Please cross-reference to F-684  12VAC5-371-220 (C-1) Please cross reference to F-686  12VAC5-371-180 (A, C) Please cross reference to F-880	F 001	Completion of this plan of correction is per regulations to maintain compliance with state and federal guidelines. It does not validate the facility's agreement with or admission to the alleged deficient practices listed.  12VAC5-371-250(A-1,9)  The MDS Assessment for Resident #97 and Resident #35 were modified during the survey.  MDS Coordinator/designee to audit most recent MDS for each resident to ensure that coding is accurate with focus on dental status and restraints/devices.  DON re-educated the MDS staff on accurately coding resident dental(section	3/27/20

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

Electronically Signed

TITLE

(X6) DATE

03/20/20

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F 001	Continued From page 1	F 001	<p>L) and restraints(section P) in the MDS.</p> <p>DON/designee will complete a random audit of minimum of 5 Residents on MDS coding 2x per week for 4 weeks, then weekly for 4 weeks, then monthly for 1 month. Trends will be reported to the QAPI committee monthly for recommendations and additional corrective action as needed</p> <p>Completion: 03/25/2020</p> <p>12VAC5-371-250 (F)</p> <p>The care plan for Resident #121 was revised during the survey.</p> <p>MDS coordinator/designee audited 100% of resident care plans to resident mobile and made corrections as needed.</p> <p>The DON re-educated MDS staff on the importance of completing and revising care plans accurately.</p> <p>The DON/designee to audit a minimum of 5 care plans to ensure accuracy with focus on mobility 2x per week for 4 weeks, then weekly for 4 weeks, then monthly x1. Trends will be reported to the QAPI committee monthly for review and further recommendations as needed.</p> <p>Completion: 03/25/2020</p> <p>12VAC5-371-220(B)</p> <p>The weight for Resident #41 was obtained during the survey. The third floor LPN to</p>	

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F 001	Continued From page 2	F 001	<p>received 1:1 re-education on the "do not crush" list. Resident #51 was assessed for potential adverse reaction and notification made to the physician and MD during the survey.</p> <p>All residents with oral medication orders could be at risk. All residents with weekly weight orders were reviewed during the survey by the RDCS with no additional issues identified.</p> <p>All nurses to have re-education by the DON/designee on following MD orders and utilization of the "do not crush" list along with reviewing medication label instructions.</p> <p>Nursing administration to complete medication competencies on minimum of 3 nurses 2x/week for 4 weeks, then weekly for 4 weeks, then monthly x1.</p> <p>Any identified trends will be reported at the monthly QAPI for further recommendations.</p> <p>Completion: 03/25/2020</p> <p>12VAC5-371-180(C-1)</p> <p>The dressing for Resident #128 was replaced by the wound care nurse during the survey.</p> <p>The wound care nurse reviewed all residents with current dressing orders during the survey to ensure that dressings were intact, with no additional issues identified.</p>	

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F 001	Continued From page 3	F 001	<p>DON/designee to re-educate nursing staff on reporting/replacing of any dressing that becomes dislodged or soiled during ADL care. MD order for PRN dressing changes obtained for all residents with current dressing orders. Residents with history of identified non-compliance and/or removal of dressings had an order added to the TAR for checking of placement Q Shift.</p> <p>Wound care Nurse/designee to audit 5 random dressing per week x 4 weeks, then 3 random dressings per week x 8 weeks with findings reported to the QAPI committee monthly for trending and further corrective action if needed.</p> <p>Completion: 03/27/2020</p> <p>12 VAC5-371-180 (A,C)</p> <p>LPN #1 re-educated on hand washing during medication pass by the DON/designee. Resident #29 and Resident #51 had adverse reactions related to this practice.</p> <p>Any resident could have potential risk from this practice.</p> <p>Licensed nurses to be re-educated on proper hand washing during medication administration by the DON/designee.</p> <p>Nursing administration to complete medication competencies to include observation of hand washing on a minimum of 3 nurses 2x/week for 4 weeks, then weekly for 4 weeks and then</p>	

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F 001	Continued From page 4	F 001	<p>monthly x1. Any identified trends will be reported to the QAPI committee monthly for recommendations and further action if required.</p> <p>Completion: 03/25/2020</p>	