

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>12/13/2018</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 12/11/2018 through 12/13/2018. Corrections are required for compliance with Virginia Rules and Regulations for the Licensure of Nursing Facilities. Three complaints were investigated. The Life Safety Code survey/report will follow.  The census in this 180 licensed bed facility was 135 at the time of the inspection. The survey sample consisted of 31 current Resident reviews and 4 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.  12VAC5-371-150 (B) (1) and (B) (2). Please cross reference to F-550.  12VAC5-371-220 (D). Please cross reference to F-677.  12VAC5-371-220 (B). Please cross reference to F-684.  12VAC5-371-220 (A). Please cross reference to F-689  12VAC5-371-220 (C) (1). Please cross reference to F-690.  12 VAC 5 -371-220 (A). Please cross reference	F 001	Please cross reference POC for F 550  Please cross reference POC for F 677  Please cross reference POC for F 684  Please cross reference POC for F 689  Please cross reference POC for F 690  Please cross reference POC for F 697  Please cross reference POC for F 755  Please cross reference POC for F 761  Please cross reference POC for F 867  Please cross reference POC for F 880	1/14/19

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

TITLE

(X6) DATE

Electronically Signed

12/31/18

State of Virginia

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F 001	Continued From page 1 to F- 697.  12VAC5-371-300 (A). Please cross reference to F-755.  12VAC5-371-300 (B). Please cross reference to F-761.  12VAC5-371-140 (A) and (D) (13). Please cross reference to F-867.  12VAC5-371-180 (C) (1). Please cross reference to F-880	F 001		