State of Virginia

| STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION | (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: | (X2) MULTIPLE CONSTRUCTION | (X3) DATE SURVEY COMPLETED |
|---|---|---|---|
| | VA0079 | A. BUILDING: _____ B. WING _____ | C 07/21/2022 |

| NAME OF PROVIDER OR SUPPLIER | STREET ADDRESS, CITY, STATE, ZIP CODE |
|---|---|
| MONROE HEALTH & REHAB CENTER | 1150 NORTHWEST DRIVE CHARLOTTESVILLE, VA 22901 |

| (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<br><br>An unannounced biennial State Licensure Inspection was conducted 07/19/2022 through 07/21/2022. Corrections were required for compliance with the Virginia Rules and Regulations for the Licensure of Nursing Facilities.<br><br>The census in this 180 bed facility was 123 at the time of the survey. The survey sample consisted of twenty-four (24) current resident reviews and three (3) closed record reviews. | F 000 | | |
| F 001 | Non Compliance<br><br>The facility was out of compliance with the following state licensure requirements:<br><br>This RULE: is not met as evidenced by:<br>The facility was not in compliance with the following Virginia Rules and Regulations for the Licensure of Nursing Facilities:<br><br>12VAC5-371-150 (A). Please cross reference to F-559.<br><br>12VAC5-371-250 (F). Please cross reference to F-656.<br><br>12VAC5-371-250 (F). Please cross reference to F-657.<br><br>12VAC5-371-200 (A). Please cross reference to F-658.<br><br>12VAC5-371-220 (A, B). Please cross reference to F-684.<br><br>12VAC5-371-390 (B). Please cross reference to F-684 and F-685. | F 001 | | |

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE | TITLE | (X6) DATE

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| F 001 | Continued From page 1<br><br>12VAC5-371-310 (A). Please cross reference to F-685.<br><br>12VAC5-371-360 (A). Please cross reference to F-842. | F 001 | | |