

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  495178	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED  12/04/2024
NAME OF PROVIDER OR SUPPLIER  Charlottesville Health & Rehabilitation Center		STREET ADDRESS, CITY, STATE, ZIP CODE  505 West Rio Road Charlottesville, VA 22901	

For information on the nursing home's plan to correct this deficiency, please contact the nursing home or the state survey agency.

(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (Each deficiency must be preceded by full regulatory or LSC identifying information)
<p>F 0580</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Immediately tell the resident, the resident's doctor, and a family member of situations (injury/decline/room, etc.) that affect the resident.</p> <p>28106</p> <p>Based on staff interview and clinical record review, the facility staff failed to notify the responsible party of a change in condition for one of four residents in the survey sample, (Residents #3).</p> <p>Resident #3's (R3) responsible party was not notified of a fall with injury.</p> <p>This was a closed record review.</p> <p>The findings include:</p> <p>According to the clinical record, diagnoses for R3 included; Encephalopathy, fractured right pubis, dementia, pneumonia, and aseptic necrosis of the left femur. The most current MDS (minimum data set) was a significant change assessment with an ARD (assessment reference date) of 11/22/23. R3 was assessed with a cognitive score of 3 out of 15, indicating severely cognitively impaired.</p> <p>On 12/3/24 R3's clinical record was reviewed regarding a fall incident occurring on 11/12/23. The note indicated R3 got up out of wheelchair with right leg still crossed behind left foot. Before the nurse could catch R3, R3 landed on knees and obtained a skin tear to the left elbow.</p> <p>Review of the SBAR (Situation Background Appearance Review) notification section; it was documented the person notified was self own rp.</p> <p>R3's clinical record documented a friend as the RP indicating R3 was not his own RP.</p> <p>On 12/3/24 at 3:00 p.m. license practical nurse (LPN #1) was interviewed regarding notification of change of condition (fall). LPN #1 verbalized anytime there is a change of condition or fall with injury the physician and RP should be notified, if the resident has an RP then documentation of the notification should be documented on the eINTERACT assessment form. LPN #1 then reviewed the form for notification. After seeing documentation on the form indicating R3 was his own RP, LPN #1 verbalized that is not correct, verbalizing R3 had an RP and that person should have been notified.</p> <p>On 12/4/24 at 9:15 a.m. the above finding was presented to the director of nursing (DON). The DON also reviewed the documentation and agreed that R3 was not his own RP and the RP should have been notified.</p> <p>(continued on next page)</p>

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.

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE	TITLE	(X6) DATE
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F 0580  Level of Harm - Minimal harm or potential for actual harm  Residents Affected - Few	No other information was provided prior to exit conference on 12/4/24.