

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

PRINTED: 07/30/2025
FORM APPROVED
OMB NO. 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 495279		(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____		(X3) DATE SURVEY COMPLETED C 03/13/2025	
NAME OF PROVIDER OR SUPPLIER CULPEPER HEALTH & REHABILITATION CENTER				STREET ADDRESS, CITY, STATE, ZIP CODE 602 MADISON ROAD CULPEPER, VA 22701			
(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) COMPLETION DATE
F 000	INITIAL COMMENTS An unannounced Medicare/Medicaid abbreviated survey was conducted 3/12/25 through 3/13/25. Corrections are required for compliance with 42 CFR Part 483 Federal Long Term Care requirements. One complaint was investigated during the survey, VA00063415 - substantiated with deficiency. The census in this 180 certified bed facility was 177 at the time of the survey. The survey sample consisted of two current residents and one closed record reviews.			F 000			
F 573 SS=D	Right to Access/Purchase Copies of Records CFR(s): 483.10(g)(2)(i)(ii)(3) §483.10(g)(2) The resident has the right to access personal and medical records pertaining to him or herself. (i) The facility must provide the resident with access to personal and medical records pertaining to him or herself, upon an oral or written request, in the form and format requested by the individual, if it is readily producible in such form and format (including in an electronic form or format when such records are maintained electronically), or, if not, in a readable hard copy form or such other form and format as agreed to by the facility and the individual, within 24 hours (excluding weekends and holidays); and (ii) The facility must allow the resident to obtain a copy of the records or any portions thereof (including in an electronic form or format when such records are maintained electronically) upon request and 2 working days advance notice to the facility. The facility may impose a reasonable, cost-based fee on the provision of copies, provided that the fee includes only the cost of:			F 573			4/15/25

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

TITLE

(X6) DATE

Electronically Signed

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 573	<p>Continued From page 1</p> <p>(A) Labor for copying the records requested by the individual, whether in paper or electronic form;</p> <p>(B) Supplies for creating the paper copy or electronic media if the individual requests that the electronic copy be provided on portable media; and</p> <p>(C) Postage, when the individual has requested the copy be mailed.</p> <p>§483.10(g)(3) With the exception of information described in paragraphs (g)(2) and (g)(11) of this section, the facility must ensure that information is provided to each resident in a form and manner the resident can access and understand, including in an alternative format or in a language that the resident can understand. Summaries that translate information described in paragraph (g)(2) of this section may be made available to the patient at their request and expense in accordance with applicable law.</p> <p>This REQUIREMENT is not met as evidenced by:</p> <p>Based on family interview, staff interview, and clinical record review, it was determined the facility staff failed to release the medical records for one of three residents in the survey sample, in a timely manner, Resident #1.</p> <p>The findings include:</p> <p>An interview was conducted with the family member of Resident #1, (This person was not on the face sheet) on 3/12/25 at 11:15 a.m. The family member stated that the family requested the copy of the medical record on 1/16/25 and did not receive them until the second or third week of February.</p> <p>The emails sent between the resident's family,</p>	F 573	<p>The facility sets forth the following plan of correction to remain in compliance with all federal and state regulations. The facility has taken or will take the actions set forth in the plan of correction. The following plan of correction constitutes the facility's allegation of compliance. All deficiencies cited have been or will be corrected by the date or dates indicated.</p> <p>F573</p> <ol style="list-style-type: none"> 1. Resident # 1 medical records were released on 2/18/25 and picked up by family 2/23/25. 2. All residents have the potential to be affect. 3. The Regional Director of Clinical 		

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F 573	<p>Continued From page 2</p> <p>the facility medical records staff member (OSM [other staff member] #1), the administrator and the legal department of the facility were reviewed. This is the timeline of events related to the family obtaining the copies of the medical record.</p> <p>1/16/25 - family reached out to administrator for records. Administrator notified OSM #1.</p> <p>1/16/25 - OSM #1 contacted the other family member, listed on the face sheet and the responsible party, to let them know the needed to send to legal department for release of records. OSM #1 emailed the authorization to the family member.</p> <p>1/16/25 - family member emailed the signed authorization and a copy of the death certificate.</p> <p>1/17/25 - OSM #1 emailed the documents to legal department.</p> <p>1/17/25 - legal emailed with confirmation stating received request, assigned a case number and asked for additional documents.</p> <p>1/20/25 - OSM #1 responded to legal to let them know that she had attached the copy of the death certificate, and the requester is the next of kin (wife).</p> <p>1/21/25 - family called and requested an update. OSM #1 let them know they were waiting on legal.</p> <p>1/28/25 - OSM #1 reached out to the family and informed them that she had sent legal another email asking for an update and OSM #1 made ASM (administrative staff member) #1, the administrator, aware of the situation.</p> <p>1/31/25 - family emailed for a follow up. Family email ASM #1 about being displeased with the request for how records being handled. (ASM #1) emails them back letting them know, yes, everything does go through legal and typically is quick, that medical records did send on 1/17/25</p>	F 573	<p>Services will educate the Administrator and the medical records coordinator on the policy and procedures for releasing medical records.</p> <p>4. The Administrator or designee will audit the medical records request for timely release of the information requested weekly x 8 weeks.</p> <p>5. Results of the monitoring will be presented to the QAPI committee for review and recommendations. Once the QAPI determines the problem no longer exists, the monitoring will be conducted randomly.</p> <p>6. Date of Compliance 04/15/2025.</p>		

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F 573	<p>Continued From page 3</p> <p>and he has reached out to legal that there is no POA (power of attorney) in this situation when they asked for that document, and why are they holding this request.</p> <p>2/2/25 - Family provided POA to ASM #1. ASM #1 provided POA to OSM #1, POA sent to legal.</p> <p>2/5/25 - OSM #1 emailed legal, resent all documents.</p> <p>2/6/25 - OSM #1 emailed legal for update.</p> <p>2/7/25 - ASM #1 responded to family, letting them know he just heard from legal that they need representative of the estate of deceased affidavit.</p> <p>2/10/25 - Family provided Affidavit, Affidavit sent to legal.</p> <p>2/11/25 - ASM #1 let family know documents have been sent.</p> <p>2/12/25 - OSM #1 emailed legal to request status of request.</p> <p>2/13/25 - OSM #1 emailed legal, legal stated they didn't have all of the documents.</p> <p>2/14/25 - ASM #1 emailed family, letting them know they have sent all of the documents to legal.</p> <p>2/17/25 - ASM #1 emailed legal and asked for update. Legal stated they don't have all of the documents. OSM #1 resent all documents. Legal stated they could release the records. The family asked for any update. ASM #1 informed them the facility had just got clearance to release the record. 2/18/25 - OSM #1 spoke with the son and made arrangement for the wife of Resident #1 to pick the records up. The son stated the wife would pick them up on 2/23/25. Thirty-two days after the initial request for the records.</p> <p>An interview was conducted with OSM #1 on 3/13/25 at 10:25 a.m. OSM #1 stated the process for obtaining a copy of a resident's medical records is as followed. The person comes into the</p>	F 573			

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F 573	Continued From page 4 building and asks for a copy of the records. She gives them the form to fill out. OSM #1 then sends it to the legal department. Legal will email back with a case number. OSM #1 stated that if legal needs any other documents they will let her know. When asked how soon should records be release to the resident and/or family, OSM #1 stated it should be within 30 days. OSM #1 stated, in this case, the family informed me that the resident had passed away. From her training for this job, she was instructed that she needed the authorization form and the copy of the death certificate for deceased residents. She had never heard or been trained in needing some sort of Affidavit. An interview was conducted with ASM #1 on 3/13/25 at 10:41 a.m. ASM #1 stated the normal process if for him to give the request to OSM #1. OSM #1 normally handles the request, and he doesn't usually get involved. He stated the family was concerned and wanted updates as to why they were not getting the records in a timely manner. He reached out to legal, and it finally got the authorization to release the records. When asked how long the facility has to get the records to the requesting resident and/or family, ASM #1 stated they have 30 days. ASM #1, ASM #2, the director of nursing, and ASM #3, the regional director of clinical services, were made aware of the above concern on 3/12/25 at 11:00 a.m. No further information was provided prior to exit.	F 573			
F 585 SS=E	Grievances CFR(s): 483.10(j)(1)-(4)	F 585		4/15/25	

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F 585	<p>Continued From page 5</p> <p>§483.10(j) Grievances.</p> <p>§483.10(j)(1) The resident has the right to voice grievances to the facility or other agency or entity that hears grievances without discrimination or reprisal and without fear of discrimination or reprisal. Such grievances include those with respect to care and treatment which has been furnished as well as that which has not been furnished, the behavior of staff and of other residents, and other concerns regarding their LTC facility stay.</p> <p>§483.10(j)(2) The resident has the right to and the facility must make prompt efforts by the facility to resolve grievances the resident may have, in accordance with this paragraph.</p> <p>§483.10(j)(3) The facility must make information on how to file a grievance or complaint available to the resident.</p> <p>§483.10(j)(4) The facility must establish a grievance policy to ensure the prompt resolution of all grievances regarding the residents' rights contained in this paragraph. Upon request, the provider must give a copy of the grievance policy to the resident. The grievance policy must include:</p> <p>(i) Notifying resident individually or through postings in prominent locations throughout the facility of the right to file grievances orally (meaning spoken) or in writing; the right to file grievances anonymously; the contact information of the grievance official with whom a grievance can be filed, that is, his or her name, business address (mailing and email) and business phone number; a reasonable expected time frame for completing the review of the grievance; the right</p>	F 585			

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F 585	Continued From page 6 to obtain a written decision regarding his or her grievance; and the contact information of independent entities with whom grievances may be filed, that is, the pertinent State agency, Quality Improvement Organization, State Survey Agency and State Long-Term Care Ombudsman program or protection and advocacy system; (ii) Identifying a Grievance Official who is responsible for overseeing the grievance process, receiving and tracking grievances through to their conclusions; leading any necessary investigations by the facility; maintaining the confidentiality of all information associated with grievances, for example, the identity of the resident for those grievances submitted anonymously, issuing written grievance decisions to the resident; and coordinating with state and federal agencies as necessary in light of specific allegations; (iii) As necessary, taking immediate action to prevent further potential violations of any resident right while the alleged violation is being investigated; (iv) Consistent with §483.12(c)(1), immediately reporting all alleged violations involving neglect, abuse, including injuries of unknown source, and/or misappropriation of resident property, by anyone furnishing services on behalf of the provider, to the administrator of the provider; and as required by State law; (v) Ensuring that all written grievance decisions include the date the grievance was received, a summary statement of the resident's grievance, the steps taken to investigate the grievance, a summary of the pertinent findings or conclusions regarding the resident's concerns(s), a statement as to whether the grievance was confirmed or not confirmed, any corrective action taken or to be taken by the facility as a result of the grievance,	F 585			

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F 585	<p>Continued From page 7</p> <p>and the date the written decision was issued; (vi) Taking appropriate corrective action in accordance with State law if the alleged violation of the residents' rights is confirmed by the facility or if an outside entity having jurisdiction, such as the State Survey Agency, Quality Improvement Organization, or local law enforcement agency confirms a violation for any of these residents' rights within its area of responsibility; and (vii) Maintaining evidence demonstrating the result of all grievances for a period of no less than 3 years from the issuance of the grievance decision.</p> <p>This REQUIREMENT is not met as evidenced by: Based on staff interview and facility document review, it was determined the facility staff failed to completely document grievances and failed to document the resolution of the grievances.</p> <p>The findings include:</p> <p>Review of the Grievance/Concern Logs revealed the following:</p> <ol style="list-style-type: none"> 12/20 (no year) - no room number, no Unit, no relationship to Resident documented 12/27 (no year) - no first name of person filing the concern, no room number, no relationship to Resident documented. 12/30 (no year) - No first name of person filing the concern, no time received, no received by, no staff title, no room number, no relationship to resident, Outcome: Concern Resolved - 12/30 (no year) documented. 12/30 (no year) - no first name of person filing the concern, Concern resolved - 12/30 (no year), documented. 1/9 (no year) - no room number or unit documented. No documentation of resolution. 	F 585	<p>F585</p> <ol style="list-style-type: none"> 1. Grievances 1 thru 25 the missing information was filled in where applicable on 4/2/25. 2. All residents have the potential to be affected. An audit of March's grievances will be conducted to ensure completion. 3. The Social Services Department will be educated on the grievance process and policy and procedure by the Regional Social Services Director. The Administrator will be educated on the grievance process and policy and procedure by the Regional Director of Clinical Services. 4. The Administrator or designee will monitor the grievances 3 times per week for 8 weeks to ensure resolution and completion of the grievance process. 5. Results of the monitoring will be presented to the QAPI committee for review and recommendations. Once the QAPI determines the problem no longer exists, the monitoring will be conducted 		

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F 585	Continued From page 8 6. 1/10 (no year) - no first name of resident, no room number or unit documented. 7. 1/10/ (no year) - no room number, no unit, no name of concerned party, no resolution documented. 8. No date, no time, no first name or resident, no dated documented next to Concern resolved. 9. 1/14 (no year) - no resident first name, no room number, no unit, no documentation that the concern was resolved, just a date with no year documented. 10. No date, no time, no received by, no staff title or resolution date documented. 11. No resolution documented. 12. 1/20 (no year) documented. No disposition by administrator. 13. 1/21 (no yea), no room number or Unit. Resolution date 1/23 (no year). 14. 1/27 (no year), no resolution date documented. 15. No date, no time, no received by, no resident name, no room number. "Missing cigar silver holder, pt said he didn't know where it went was on the smoker's table." No resolution date documented. 16. 2/3 (no year) ...Resolution ongoing - no date or signature from administrator. 17. 2/5/ (no year) no time, no received by documented. No resolution or date resolved or administrator signature. 18. 2/5 (no year) - "Getting up on time - CNA (certified nursing assistant) concern." Nothing else documented on form. No resolution documented. 19. 2/5 (no year) - "CNA on phone during meal pass, food is cold." No other documentation. The rest of the form is blank. 20. 2/7 (no year) - No first name of resident, no room number documented, "Pt states she is	F 585	randomly. 6. Date of Compliance 04/15/2025.		

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F 585	<p>Continued From page 9</p> <p>missing all her clothes, pants and underwear. All of them." Nothing else is documented on the form regarding investigation or resolution.</p> <p>21. 2/10 (no year) - No resolution documented and no review by the administrator.</p> <p>22. 2/11 (no year) - No review by the administrator.</p> <p>23. 2/18 - (no year) - No resolution documented.</p> <p>24. 2/20 (no year) - no patient name, room number or unit. Resolved on 2/20/25.</p> <p>25. 2/21 (no year) - no patient name, room number or unit. Resolved on 2/21 (no year) documented.</p> <p>An interview was conducted with ASM (administrative staff member) #1, the administrator, on 3/12/25 at 3:35 p.m. ASM #1 stated the process for a resident, family or any concerned party, a concern form if filled in. I give it to the department that it involves. Once it is completed it is to be returned to him. The above forms were reviewed with ASM #1. He stated there is no excuse, it should be filled out and the grievances should have documentation as to when it was resolved.</p> <p>The facility policy, "Service Concerns/Grievances" documented in part, "Policy: The Administrator is responsible for ensuring that the management staff are trained in appropriately resolving in-house. patient/family service concerns and grievances at the point of service as promptly as possible. The management staff of the Health and Rehabilitation Center is charged with listening and responding to questions, needs problems or concerns brought to their attention by patients and/or families within the Health and Rehabilitation Center...Procedure: 1. Center Nursing Staff, Social Work, and Discharge</p>	F 585			

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F 585	<p>Continued From page 10</p> <p>Planners or any other team member receiving questions or issues of concern regarding care and/or services are to immediately respond at the point of service in an effort to satisfactorily resolve issues of concern. 2. If an issue of concern cannot be immediately and satisfactorily resolved at the point of service, the management staff member will notify the patient/family member that the concern is being submitted to the appropriate department manager and that follow up for resolution will be provided as quickly as possible. The company Grievance form is to be promptly submitted by the staff member through the electronic system. 3. The department manager receiving the concern actively and promptly initiates action (no later than 48 hours of receiving the concern). The department manager will follow up with the patient/family to determine satisfaction and record their actions in the electronic system. This follow up will be sent electronically to the Administrator. 4. The Administrator will follow up as needed with the patient/family regarding satisfactory resolution and will verify the final outcome in the electronic system under the resolution section of the grievance form...6. Grievance logs should be downloaded from the electronic system each month and maintained in a separate administrative file and is to be used for summarizing, referencing and tracking Center concerns for the month. Thses forms are to be maintained on file for three years."</p> <p>ASM #1, ASM #2, the director of nursing, and ASM #3, the regional director of clinical services, were made aware of the above concern on 3/12/25 at 11:00 a.m.</p> <p>No further information was provided prior to exit.</p>	F 585			

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 495279	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____		(X3) DATE SURVEY COMPLETED C 03/13/2025
NAME OF PROVIDER OR SUPPLIER CULPEPER HEALTH & REHABILITATION CENTER			STREET ADDRESS, CITY, STATE, ZIP CODE 602 MADISON ROAD CULPEPER, VA 22701		
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