

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 105377	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 04/23/2026
NAME OF PROVIDER OR SUPPLIER Longwood Health and Rehabilitation Center		STREET ADDRESS, CITY, STATE, ZIP CODE 1520 S Grant St Longwood, FL 32750	
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)		
F 0573 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	<p>Let each resident or the resident's legal representative access or purchase copies of all the resident's records.</p> <p>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** Based on interview, and record review, the facility failed to provide the resident representative with access to personal and medical records within 24 hours (excluding weekends and holidays) of a written request for 1 of 2 residents reviewed for resident rights, of a total sample of 4 residents, (#1). Findings: Resident #1 was admitted to the facility on [DATE] with diagnoses that included chronic kidney disease, major depressive disorder and dementia. A review of the Quarterly Minimum Data Set with Assessment Reference Date of 3/25/26, revealed the resident #1 was cognitively impaired with a Brief Interview for Mental Status score of 6 out of 15. Review of the medical record revealed resident #1 became a ward of the state and a plenary guardian was appointed by the county court on 2/04/26. On 4/23/26 at 11:46 AM, the Medical Records Director said the process of receiving medical records was not very long, typically two to three days. He explained the legal arm from corporate determined the release of medical records once a request was made. He recalled resident #1's guardian requested medical and financial records, and she was given all the information she needed at the time. He explained resident #1's guardian was not able to receive financial records because the Business Office Manager was not on the premises at the time, and she refused physical copies of the record at that time. A few minutes later, the Medical Records Director presented the facility's Authorization for Use and disclosure of Protected Health Information form completed by resident #1's guardian on 3/26/26. The form revealed the guardian requested the medical and billing records from 9/04/20 to the present date, in electronic format. The Medical Records Director explained their company had changed and may be delayed as some information might be in another system. He said he explained this to the guardian at that time. On 4/23/26 at 1:51 PM, in a joint interview with the Social Services Director and the Business Office Manager, they said they were unaware the resident's guardian requested medical records. They said they had never met resident #1's guardian nor received any emails or phone calls from her requesting medical or financial records. The Business Office Manager explained since the new company took over on 11/03/20 and the resident was admitted in September of that year, the records from the two months from September to November were probably with the previous company. On 4/23/26 at 3:15 PM, resident #1's court appointed guardian said she had requested medical and financial records for resident #1 but was told she had to make a written request. She explained they could not access the financial records because the Business Office Manager was not there at the time. The guardian said she came to the facility to make a formal request soon after that but still had not received anything from them. The guardian recalled after making multiple calls, she was recently told by the Medical Records Director the facility was still working on her request. On 4/23/26 at 5:54 PM, in a joint interview with the Nursing Home Administrator (NHA) and the Director of Nursing, they said residents had a right to access their medical records at any time or as soon as possible. The NHA said in this case, the request concerned records that went back to previous ownership. The NHA explained when records were requested, he felt perhaps 10 days was acceptable but said having to wait almost a month, was not. The facility's undated policy on the Right to Access/Purchase Copies of records stated, It is the policy of the (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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<p>F 0573</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>facility to allow the resident access to personal and medical records pertaining to the resident in such a manner to acknowledge and respect resident rights.</p>		