STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	366417	A. Building B. Wing	06/17/2026

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Copper Knoll Health & Rehab LLC	201 Courthouse Parkway Washingtn C H, OH 43160

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 0583 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few Note: The nursing home is disputing this citation.	Keep residents' personal and medical records private and confidential. **NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** Based on interviews with a resident's emergency contact and staff and record review, the facility failed to ensure confidentiality of medical records were maintained for the residents. This affected two (#60 and #65) of three residents reviewed for confidentiality of medical records. The facility census was 62.Findings include:Review of Resident #65's medical record revealed Resident #65 discharged from the facility on [DATE]. Resident #65's emergency contact person was Emergency Contact #101. Review of Resident #60's medical record revealed the resident was currently residing in the facility with diagnoses including dementia and cerebral atherosclerosis. Resident #60's contact list did not include Resident #65 nor Emergency Contact #101Interview with Emergency Contact #1 on [DATE] at 10:13 A.M. revealed upon Resident #65's discharge, they were given copies of portions of Resident #60's medical record. Emergency Contact #101 stated they did not know Resident #60. Emergency Contact #101 stated they were given copies of the following pieces of Resident #60's medical record: doctor's names, next of kin information, mobile eye care services information, authorization for podiatry care, contact information for three contacts with addresses and phone numbers, guardian's name, signature and power of attorney information, religious preferences, funeral home and cemetery information, date of last flu shot, admission date, marital status, and Medicaid ID number.Interview on [DATE] at 12:57 P.M. with the Administrator confirmed that the Power of Attorney (POA) and the resident were the only people who should have access to the medical records of a resident. The Administrator stated the facility has a medical records request process where medical records can be requested by the POA and the resident. The Administrator confirmed that no other person should have access to the medical records of the resident other than the resident and those listed as the POA in the medical record.Interview on [DATE] at 1:47 P.M. with the Administrator and the Director of Nursing confirmed Resident #60's medical records should not have been given Resident #65 and Emergency Contact #101. Review of the document titled Authorization for the Release of Health Information reviewed 12/2022 revealed the following have legal authority for request: Resident, Resident's attorney-in-fact, Resident's legal guardian, executor/administrator of Resident's estate (if resident is deceased), or the Resident has executed a legally binding instrument granting authority to obtain medical records.This deficiency represents non-compliance investigated under Complaint Number 3042803.

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