STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	495112	A. Building B. Wing	01/07/2026

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Guggenheimer Health and Rehab Center	1902 Grace Street Lynchburg, VA 24504

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 0559 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Honor the resident's right to share a room with spouse or roommate of choice and receive written notice before a change is made. **NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** Based on staff interview, facility document review and clinical record review, the facility staff failed to provide written notice of a room change for one of eleven residents in the survey sample (Resident #3).The findings include: Resident #3 (R3) was admitted to the facility with diagnoses that included Alzheimer's disease, non-traumatic brain dysfunction, dementia with agitation/behaviors, diabetes, anxiety and history of stroke. The minimum data set (MDS) dated [DATE] assessed R3 with severely impaired cognitive skills. R3's closed clinical record listed a room change on 10/2/24. The clinical record documented no written notice to the resident's representative prior to the room change, including reason for the room change. Nursing notes made no mention of the room change or of any situation surrounding or leading to the room change.On 1/7/26 at 9:50 a.m., the director of nursing (DON) was interviewed about any written documentation/notice to the resident's representative regarding the room change on 10/2/24. The DON stated she found no documentation to the resident's representative about the room change. The DON stated she felt sure the room change was related to resident's behaviors but that no reason for the change was documented. The DON stated she thought verbal notification was made to the representative but there was nothing documented about the notification and no written notice to the responsible party indicating reason for the room move. The DON stated their facility policy required documentation of room changes and advance notice to the responsible party.The facility's policy titled Room Change/Roommate Assignment (10/01/2021) documented, .Prior to changing a room or roommate assignment all parties involved in the change/assignment (e.g., residents and their representatives will be given advance notice of such change .Advance notice of a roommate change will include why the change is being made and any information that will assist the roommate in becoming acquainted with his or her new roommate .Unless medically necessary or for the safety and well-being of the resident(s), a resident will be provided with advance notice of the room change. Such notice will include the reason(s) why the move is recommended .Documentation of a room change is recorded in the resident's medical record . (sic)This finding was reviewed with the administrator and DON on 1/7/25 at 3:00 p.m. with no further information provided prior to the end of the survey.

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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(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (Each deficiency must be preceded by full regulatory or LSC identifying information)
F 0584 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Honor the resident's right to a safe, clean, comfortable and homelike environment, including but not limited to receiving treatment and supports for daily living safely. **NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** Based on observations, interviews, clinical record review and review of the facility's policy titled, Personal Property the facility staff failed to provide tracking of the resident's personal property for one of eleven residents in the survey sample (Resident #4). This failure contributed to the loss or theft of several articles of clothing belonging to the resident. The findings include:Review of the electronic medical record (EMR) revealed resident #4 (R4) was admitted to the facility on [DATE] with pertinent diagnoses that include but was not limited to muscle weakness, benign prostatic hyperplasia without lower urinary tract symptoms, and quadriplegia, urinary incontinence, Type 2 diabetes mellitus without complication, pressure ulcer of sacral region, stage 3 pressure-induced deep tissue damage of other site, irritant contact dermatitis, Bacteriuria, gastro esophageal reflux disease without esophagitis, constipation, insomnia, lactose intolerance, moderate protein-calorie malnutrition, unsteady on feet, abnormal posture and limitation of activities due to disability.Review of the minimum data set (MDS) dated [DATE] revealed a Brief Interview for Mental Status (BIMS) of 15, which indicated R4 was cognitively intact. The MDS assessed functional status for R4 as dependent for activities of daily living (ADL's), requiring assistance from staff. Review of the facility's policy titled Personal Property dated 10/01/2021, section: procedures/guidance, number 4, revealed the resident's personal belongings and clothing shall be inventoried and documented upon admission and as such items are replenished.On 1/6/2026 at 9:00 AM, observation of facility at entry. Hallways and rooms on all floors are observed to be clean. Multiple rooms observed during the facility visit and all clean with floors cleared and no major odors or trash. On 1/6/2026, review of the residential discharge instructions for R4 dated 12/24/2024 for transfer on 1/2/25, included a note stating that R4 reported missing clothing (one grey hoodie, one pair of Levi's, two pairs of grey sweatpants, and one grey shirt). No further record of follow up regarding missing items or record of resident's personal inventory upon admission or any time during stay at the facility.On 1/6/2026 at 4:20 PM, interview with Social Services Director, regarding the process for filing a grievance regarding missing property. SS was not working at the facility during the time of R4's stay at the facility and reports someone in the admission process would have made note of personal items brought to the facility. It was explained that when items are reported missing, she and staff look for the items before filing a grievance form. The resident's room is searched for missing items, along with other relevant places, such as the laundry. Housekeeping staff also assist with the search. There had been an issue with clothing being put in the linen bags (blue bags) that go to Richmond. She says there has been ongoing training with the staff, which has helped. If items are not located, they are replaced.On 1/7/2026, grievance log entries for missing items were reviewed with dates ranging from 09/2024 to 01/2025 revealing missing items either replaced or located and staff followed the facilities grievance process.On 1/7/2026 reviewed current resident's grievance report and investigation regarding missing item. No issues were found with the grievance process and item was confirmed to be replaced. The facility provided financial records to show confirmation of item purchased.On 1/7/2026 at 9:20 AM, observation of main hallway and washroom of the laundry area. Both areas were free of clutter, clean linens folded and placed on carts, all laundry hung and room was clean and organized.On 1/7/2026 at 9:25 AM, interview with the housekeeper assigned to laundry. She reported that clothing and items washed are supposed to be labeled by family members or CNAs. If items are reported lost, they first try and locate the items in the residents' room or common areas before checking the lost and found. They also keep clothing not labeled and recently washed, hanging (continued on next page)

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F 0584 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	in front of the dryers for two weeks before moving them to the lost and found. She reported that there was an issue with agency CNA's (from a year ago) placing items in the bluebags that go to Richmond. She reported assisting residents with keeping clothing in their closets, especially those who don't have family members to help when visiting.On 1/7/2026 at 9:30 AM, interview with Environmental Director. She reports that when clothing items go missing, they will backtrack and go to the resident's closet, then search the resident's room or check in the shower and laundry room. She reports issues in the past with CNA's not bringing the yellow barrel in the shower room to laundry at the end of their shift as required. They will often search the yellow barrel to see if missing items may still be there. She has housekeeping check the barrels during each shift. If missing items are not located, she reports back to Social Services and items should be replaced. Blue bags are used for linens that go to Richmond for cleaning, and shower rooms have instructions for both the blue and yellow bags to help with confusion. She also educates new staff and new CNAs about the procedure. She has not had many items missing lately.On 1/7/2026 at 11:15 AM, interview with Certified Nursing Assistant (CNA) #1 revealed that he has been educated on how to track missing items. As an agency CNA, he reports he was told about the two different types of bins to use and that they are color coded. He explained the procedure for missing items and was aware of who to alert if a resident had a loss of personal property. He was not aware of a list of personal items for residents.On 1/7/2026 at 3:02 PM, interview with Director of Nursing (DON) and the facility Administrator (ADM) revealed that the DON was unable to locate a paper copy of personal items at admission for R4. The DON reported no records found in Point Click Care (PCC) and there should have been a paper copy or record in PCC where the admitting nurse recorded the residents' personal items during admission. The DON explained there is a new unit manager, and no records for R4 regarding personal items brought into the facility upon admission can be found, including a possible notebook kept at the nurses' station for residents' personal inventories upon admissions. There have been many staffing changes, and they are working towards correcting the issue. The ADM agreed and stated they would work on developing a system and correct the issue going forward.This finding was reviewed with the administrator and director of nursing on 1/7/25 at 3:02 p.m. with no further information presented prior to the end of the survey.

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F 0925 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Some	Make sure there is a pest control program to prevent/deal with mice, insects, or other pests. Based on resident interview, staff interview and facility document review, the facility staff failed to provide effective pest control on two of three nursing units (unit 2 and unit 3).The findings include:On 1/6/26 at 3:45 p.m., Resident #6 was interviewed about any concerns with pests in the facility. Resident #6 stated that he had recently seen mice in his room at night. Resident #6 stated bait boxes had been placed in the facility and in his room but that only a few mice were caught in the boxes and that the traps had not eliminated the mice. Resident #6 stated he had reported the issue to maintenance and that other residents on the unit reported seeing mice at times, especially at night. Resident #6 stated he had no mice droppings in his room, that housekeeping kept the facility/rooms very clean but that he continued to see mice at night. Resident #6 stated mice had been an ongoing problem for months in the facility.On 1/7/26 at 8:35 a.m., the licensed practical nurse unit 3 manager (LPN #1) was interviewed about any concerns with pests. LPN #1 stated she had not seen any signs of bugs or mice but that two of the residents on the unit had recently reported seeing mice in their room.On 1/7/26 at 8:40 a.m., Residents #7 and #8 were interviewed about pest control. Resident #7 stated she had seen a mouse run across the floor within the last month. Resident #7 stated she told maintenance about the mouse but it didn't do any good to report it. Resident #8 stated she had also seen a mouse in the last several weeks. Residents #7 and #8 stated they did not see mice droppings but had seen mice. Resident #8 stated there was a bait box in the room, but nothing was caught in it. On 1/7/26 at 8:54 a.m., the unit 1 manager (LPN #2) was interviewed about pest control. LPN #2 stated she had seen a mouse in the janitor's closet once in October 2025. LPN #2 stated she had heard some reports of mice since then. LPN #2 stated a pest log was maintained on each unit for reporting concerns with bugs/pests.The unit pest logs were reviewed from each unit of three units. The logs documented ongoing reports of mice, roaches and/or ants on unit 2 and unit 3 since December 2024. The logs documented thirty-three reports of mice on the units since 12/16/24 with the most recent report on 1/4/26. The log documented twenty reports of roaches and/or ants since 3/17/25 with the most recent report on 12/22/25. There were no reports of pests on unit 1.On 1/7/26 at 9:30 a.m., the maintenance director was interviewed about ongoing reports of mice and pests in the facility. The maintenance director stated an outside pest control company conducted monthly service to the facility for pest control and that since September 2025, the pest vendor serviced the facility weekly due to increased reports of pests. The maintenance director stated he started work in the facility in December 2025 and there had been an influx of pests due to colder weather. The maintenance director stated the pest control company used sprays, bait stations, rodent traps and gel to address the mice/roach issues. The maintenance director stated the bait stations had not been effective with few if any mice caught. The maintenance director stated he and the administrator were currently meeting with the vendor and pursuing other options for effective pest control.Monthly/weekly pest control service visits were documented throughout 2025. There were eight pest control service visits conducted since 10/7/25 with the most recent visit on 12/26/25. The pest reports documented 41 bait stations/traps in the facility in addition to gel and spray treatments with each visit. Pest control visits on 10/7/25, 10/21/25, 11/11/25, 11/25/25 and 12/26/25 documented no inspection of the bait stations/traps. Pest control visits on 10/15/25, 12/3/25 and 12/17/25 documented inspection of the bait stations/traps with no activity noted. Recommendations listed on the pest control reports included doors in need of repair or replacement to make rodent proof, hole in exterior wall allowing crawl space access near loading dock, removal needed of vine landscaping around the building, dumpsters too close to building, burrowing holes on both sides of loading dock needed filling with concrete and a crawl space door in the (continued on next page)

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F 0925 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Some	courtyard needed repair to prevent rodent access.On 1/7/26 at 9:40 a.m., the maintenance director was interviewed about the pest control vendor recommendations listed on the visit reports. The maintenance director stated work had been completed on the exterior doors, that dumpsters were moved further from the building and shrubs had been trimmed. The maintenance director stated the crawl space door and the holes around the loading dock had not been repaired.On 1/7/26 at 9:45 a.m., the administrator was interviewed about the ongoing mice/pest reports on unit 2 and unit 3. The administrator stated he had met with the pest control vendor as recently as last week and advised them additional interventions were needed as current actions had not been effective.This finding was reviewed with the administrator and director of nursing on 1/7/25 at 3:00 p.m. with no further information presented prior to the end of the survey.