STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	495140	A. Building B. Wing	08/14/2024

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Rose Hill Health and Rehab	110 Chalmers Court Berryville, VA 22611

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 0607 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Develop and implement policies and procedures to prevent abuse, neglect, and theft. 32642 Based on staff interview and facility document review, the facility staff failed to implement their policy to prevent misappropriation of resident property for three of thirteen residents in the survey sample, Residents #10, #11, and #12. The findings include: For Residents #10 (R10), #11 (R11), and #12 (R12), the facility staff failed to investigate and/or report an allegation of staff misappropriation of resident property to the state agency between July and November 2023. A review of the facility policy, Resident Abuse, revealed, in part: Misappropriation or resident property . means 'the deliberate misplacement, exploitation or wrongful, temporary, or permanent use of a resident's belongings or money without the resident's consent .Investigation .Immediately upon report of an incident . the suspect(s) shall be segregated from the resident .An incident report shall be filed by the individual in charge who received the report .The facility shall report to the state agency and one or more law enforcement entities any reasonable suspicion of a crime against any individual who is a resident of, or is receiving care from, the facility .The Abuse Coordinator and/or Director of Nursing shall take written statements from the victim, the suspect(s), and all possible witnesses including all other employees in the vicinity of the alleged abuse. He/she shall also secure all physical evidence. Upon completion of the investigation, a detailed report shall be prepared. Any suspect(s), once he/she has (have) been identified will be suspended pending the investigation. (continued on next page)

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

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 495140	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 08/14/2024
NAME OF PROVIDER OR SUPPLIER: Rose Hill Health and Rehab		STREET ADDRESS, CITY, STATE, ZIP CODE: 110 Chalmers Court Berryville, VA 22611	

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 0607 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	On 8/13/24, OSM (other staff member) #1's (the director of social services) employee folder was reviewed. This review revealed an Employee Progressive Action Memorandum dated 11/28/23. This document contained, in part, the following information: Employee Name [OSM #1] .Supervisor Name [ASM #3] .Date 11/28/23 .Type of Violation Category 2 Violation .The offenses are considered improper conduct subject to progressive discipline up to, and including, termination .You failed to follow the .protocol for processing, dispersing and record keeping for the Residents Trust Accounts .You were given funds in excess of $9,000 and tasked with purchasing items for residents .policy requires that receipts for all purchases are turned in within 24 hours. You failed to insure receipts were provided for purchases you made .policy requires that a list of items to be purchased and an estimated value be given to the Business Office Prior to receiving any funds. You also failed to make these estimates prior to taking money .Outcome of Violation .Step 3: 3rd Disciplinary Action .You must follow the .policy of providing a list of items to be purchased when requesting funds from the resident trust accounts. You must turn in receipts for money spent within 24 hours of receiving funds. If you are unable to complete shopping within 24 hours you must turn in receipts you have and account for the balance of the money drawn daily until shopping is completed. Violations of handling Resident Trust Funds could be considered level 1 violations resulting in immediate termination. On 8/13/24, OSM (other staff member) #2's (the former business office manager) employee folder was reviewed. This review revealed an Employee Progressive Action Memorandum dated 11/28/23. This document contained, in part, the following information: Employee Name [OSM #1] .Supervisor Name [ASM #3] .Date 11/28/23 .Type of Violation Category 2 Violation .The offenses are considered improper conduct subject to progressive discipline up to, and including, termination .You failed to follow the .protocol for processing, dispersing and record keeping for the Residents Trust Accounts .You knowing (sic) dispensed cash to another employee on more than one occasion in amounts in excess of $1000 without getting the receipts within 24 hours as specified. To compound the matter you allowed that condition to exist for more than 120 days with (sic) reporting the condition to anyone. When you did report the occurrence, you reported it to the HR (human resources) Generalist not the administrator or other person in your line of authority. A review of Resident Funds Account activity revealed checks were written and cashed out of petty cash for the following residents on these dates in these amounts: R10 - 7/6/23 - $3000; R11 - 7/6/23 - $2000; R12 - 7/6/23 - $2000. On 8/14/24 at 8:35 a.m., ASM (administrative staff member) #1, the administrator, was asked to provide evidence of an investigation related to these petty cash withdrawals, including documentation of who handled the cash, how much cash was exchanged among employees, copies of receipts, witness statements, resident interviews, and other staff interviews. ASM #1 was also asked to provide evidence that the facility reported the allegation of the misappropriation of resident funds, and that the employees involved (OSMs #1 and #2) were suspended pending the results of the investigation. (continued on next page)

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	495140	A. Building B. Wing	08/14/2024

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Rose Hill Health and Rehab	110 Chalmers Court Berryville, VA 22611

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 0607 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	On 8/14/24 at 10:29 a.m., OSM #1 was interviewed. She stated ASM #4, the administrator in July 2023, and OSM #2 instructed her that she needed to do a spend down for several residents because they had too much money in their account for Medicaid. She stated she could not recall all of the names of the residents for whom she received this instruction. She stated OSM #2 wrote one big check which was cashed by ASM #4. She stated the cash was given to her in an envelope, and she could not recall whether or not she verified the amount of cash she received, or whether or not she signed any sort of receipt for the large amount of cash. She stated: I think it was around $9000. She continued: I did the spend down. I went to Wal Mart, Ross, and lots of other places. She stated she bought televisions, hygiene products, hair products, nail care products, clothes, and accessories. She stated when she returned to the facility, she gave the receipts to OSM #2, but did not keep any copies for herself. She stated she had a witness to her providing the receipts immediately to OSM #2. She stated she now realizes she should have kept the copies. She stated approximately six months later, OSM #2 went to her and asked for all the receipts from the July 2023 spend down. OSM #1 stated she had already turned in all receipts to OSM #2, and did not have copies as back up. She stated she believes at the time OSM #2 asked again for the receipts, OSM #2 had already completed Medicaid renewals on some of the residents included in the July 2023 spend down. She stated Medicaid would not have renewed any resident's payment if receipts were not provided for the spend down. She also stated she actually overspent for some of the residents, and was personally reimbursed for these charges in cash immediately after the July 2023 spend down. OSM #1 stated she was never suspended from work pending an investigation of these events. On 8/14/24 at 10:45 a.m., ASM #1, the administrator, and ASM #2, the director of nursing, were informed of these concerns. ASM #1 stated if anyone is suspected of misappropriating resident property or funds, it becomes a part of the facility's abuse and neglect protocol. He stated the allegation should be reported to proper authorities, and an investigation should be started. He stated the employee who is the alleged perpetrator should be suspended pending the outcome of the investigation. Once the investigation has been thoroughly completed, the facility's policy guides the outcome for the employee and affected residents. ASM #1 and ASM #2 were informed of concerns regarding a lack of reporting, a lack of an investigation, and a lack of the facility's following its own policy. On 8/14/24 at 11:18 a.m., ASM #2 stated they had identified the witness to the receipt exchange as OSM #3, the admissions and marketing director. On 8/14/24 at 11:21 a.m., OSM #3 was interviewed. She stated she remembered seeing OSM #1 copying a large amount of receipts. OSM #3 had been in line at the copier behind OSM #1 as she copied the receipts and remembered remarking to OSM #1 about how long it was going to take her to get everything copied. She said OSM #2 walked into the area where OSM #1 was making the copies and said something to the effect of: Hurry up and give me the receipts. OSM #3 stated: I feel like there were receipts there for everything. There was a lot of stuff bought for the residents. It was spread out all over everywhere. When asked if she knew of any evidence that this was true, she stated she did not have evidence, but was only going by what she could see. (continued on next page)

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 495140	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 08/14/2024

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Rose Hill Health and Rehab	110 Chalmers Court Berryville, VA 22611

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 0607 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	On 8/14/24 at 12:19 p.m., ASM #3, the administrator in the facility in December 2023, was interviewed. He stated he was not working in the facility in July 2023 when the alleged spend down occurred, and only became aware of a problem when an internal complaint was filed through the corporate compliance line. He stated the complaint was about OSM #1 not providing receipts for purchases made out of resident personal funds accounts. He stated OSM #1 was adamant that she had provided some of the receipts, and had made copies of all of them. However, OSM #1's vehicle with some of the receipts and all of the copies was repossessed shortly after the shopping had occurred in July 2023 and OSM #1 had no way to retrieve the original receipts or the copies. He stated OSM #2 was equally adamant that most of the receipts had never been returned. He stated he was unclear about what happened to any leftover cash that would have been owed back to various resident funds accounts. He stated he did not remember any such records. He stated OSM #1 recreated, as best she could, lists of what she had bought for each resident in the spend down. He stated he took the list and went room to room for each resident to verify that what was on the list had made it into the residents' rooms. He stated: I didn't find anything in terms of misappropriation. It didn't appear like there was misappropriation. The value was approximately the value of the money attributed to each resident's account. When asked the location of documentation of the efforts he had made, he stated he could not recall for sure what, if any documentation he had made. He stated OSM #2 told him that she had initially reported this concern to ASM #4, who had not done anything about it. When asked if he had interviewed any residents or other staff members, he stated he had not. When asked if he had reported this allegation of possible misappropriation of resident property to the state agency or other agencies, he stated: Overall it appeared to me that the money taken from the PFAs was properly spent to buy things for residents. He stated it was more of an internal process problem than a concern about misappropriation of funds. He stated: What was presented to me was that someone purchased goods and did not turn in receipts. I did not take this to be an allegation of misappropriation of money. I understand now that it might be taken that way. When asked why, if he was not concerned about the possibility of misappropriation of funds, he needed to go room to room to verify what had been purchased, he did not answer. On 8/14/24 at 1:00 p.m., ASM #1 was asked if this allegation had been thoroughly investigated. He stated: We always go by facts. If I am doing an investigation, I get witness statements, and I would have documentation of everything I did. I would have a statement of my conclusion. Unfortunately there has been a large turnover of staff. I don't see those things here. On 8/14/24 at 1:35 p.m., ASM #2 stated she had heard from the corporate office staff. A corporate vice-president had called her and asked her to tell the surveyor that the corporate staff did not report this to the state because it was no misappropriation of funds. The staff members were disciplined because they did not follow internal policy; all items bought matched the money spent; the corporate office reconciled everything. When asked the possible consequences of staff not following the policy regarding cash disbursements from resident personal funds accounts, ASM #2 said: A misappropriation of the resident's money. When asked if she or ASM #1 had located any evidence of the corporate office's reconciliation of cash disbursed with items bought, she stated they had not. No further information was provided prior to exit.

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 495140	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 08/14/2024
NAME OF PROVIDER OR SUPPLIER Rose Hill Health and Rehab		STREET ADDRESS, CITY, STATE, ZIP CODE 110 Chalmers Court Berryville, VA 22611	

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 0609 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Timely report suspected abuse, neglect, or theft and report the results of the investigation to proper authorities. 32642 Based on staff interview and facility document review, the facility staff failed to report an allegation of misappropriation of resident property to the state agency for three of thirteen residents in the survey sample, Residents #10, #11, and #12. The findings include: For Residents #10 (R10), #11 (R11), and #12 (R12), the facility staff failed to report an allegation of staff misappropriation of resident property to the state agency between July and November 2023. On 8/13/24, OSM (other staff member) #1's (the director of social services) employee folder was reviewed. This review revealed an Employee Progressive Action Memorandum dated 11/28/23. This document contained, in part, the following information: Employee Name [OSM #1] .Supervisor Name [ASM #3] .Date 11/28/23 .Type of Violation Category 2 Violation .The offenses are considered improper conduct subject to progressive discipline up to, and including, termination .You failed to follow the .protocol for processing, dispersing and record keeping for the Residents Trust Accounts .You were given funds in excess of $9,000 and tasked with purchasing items for residents .policy requires that receipts for all purchases are turned in within 24 hours. You failed to insure receipts were provided for purchases you made .policy requires that a list of items to be purchased and an estimated value be given to the Business Office Prior to receiving any funds. You also failed to make these estimates prior to taking money .Outcome of Violation .Step 3: 3rd Disciplinary Action .You must follow the .policy of providing a list of items to be purchased when requesting funds from the resident trust accounts. You must turn in receipts for money spent within 24 hours of receiving funds. If you are unable to complete shopping within 24 hours you must turn in receipts you have and account for the balance of the money drawn daily until shopping is completed. Violations of handling Resident Trust Funds could be considered level 1 violations resulting in immediate termination. On 8/13/24, OSM (other staff member) #2's (the former business office manager) employee folder was reviewed. This review revealed an Employee Progressive Action Memorandum dated 11/28/23. This document contained, in part, the following information: Employee Name [OSM #1] .Supervisor Name [ASM #3] .Date 11/28/23 .Type of Violation Category 2 Violation .The offenses are considered improper conduct subject to progressive discipline up to, and including, termination .You failed to follow the .protocol for processing, dispersing and record keeping for the Residents Trust Accounts .You knowing (sic) dispensed cash to another employee on more than one occasion in amounts in excess of $1000 without getting the receipts within 24 hours as specified. To compound the matter you allowed that condition to exist for more than 120 days with (sic) reporting the condition to anyone. When you did report the occurrence, you reported it to the HR (human resources) Generalist not the administrator or other person in your line of authority. A review of Resident Funds Account activity revealed checks were written and cashed out of petty cash for the following residents on these dates in these amounts: R10 - 7/6/23 - $3000; R11 - 7/6/23 - $2000; R12 - 7/6/23 - $2000. (continued on next page)

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 495140	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 08/14/2024

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Rose Hill Health and Rehab	110 Chalmers Court Berryville, VA 22611

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 0609 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	On 8/14/24 at 8:35 a.m., ASM (administrative staff member) #1, the administrator, was asked to provide evidence of an investigation related to these petty cash withdrawals, including documentation of who handled the cash, how much cash was exchanged among employees, copies of receipts, witness statements, resident interviews, and other staff interviews. ASM #1 was also asked to provide evidence that the facility reported the allegation of the misappropriation of resident funds, and that the employees involved (OSMs #1 and #2) were suspended pending the results of the investigation. On 8/14/24 at 10:29 a.m., OSM #1 was interviewed. She stated ASM #4, the administrator in July 2023, and OSM #2 instructed her that she needed to do a spend down for several residents because they had too much money in their account for Medicaid. She stated she could not recall all of the names of the residents for whom she received this instruction. She stated OSM #2 wrote one big check which was cashed by ASM #4. She stated the cash was given to her in an envelope, and she could not recall whether or not she verified the amount of cash she received, or whether or not she signed any sort of receipt for the large amount of cash. She stated: I think it was around $9000. She continued: I did the spend down. I went to Wal Mart, Ross, and lots of other places. She stated she bought televisions, hygiene products, hair products, nail care products, clothes, and accessories. She stated when she returned to the facility, she gave the receipts to OSM #2, but did not keep any copies for herself. She stated she had a witness to her providing the receipts immediately to OSM #2. She stated she now realizes she should have kept the copies. She stated approximately six months later, OSM #2 went to her and asked for all the receipts from the July 2023 spend down. OSM #1 stated she had already turned in all receipts to OSM #2, and did not have copies as back up. She stated she believes at the time OSM #2 asked again for the receipts, OSM #2 had already completed Medicaid renewals on some of the residents included in the July 2023 spend down. She stated Medicaid would not have renewed any resident's payment if receipts were not provided for the spend down. She also stated she actually overspent for some of the residents, and was personally reimbursed for these charges in cash immediately after the July 2023 spend down. OSM #1 stated she was never suspended from work pending an investigation of these events. On 8/14/24 at 10:45 a.m., ASM #1, the administrator, and ASM #2, the director of nursing, were informed of these concerns. ASM #1 stated if anyone is suspected of misappropriating resident property or funds, it becomes a part of the facility's abuse and neglect protocol. He stated the allegation should be reported to proper authorities, and an investigation should be started. He stated the employee who is the alleged perpetrator should be suspended pending the outcome of the investigation. Once the investigation has been thoroughly completed, the facility's policy guides the outcome for the employee and affected residents. ASM #1 and ASM #2 were informed of concerns regarding a lack of reporting, a lack of an investigation, and a lack of the facility's following its own policy. On 8/14/24 at 11:18 a.m., ASM #2 stated they had identified the witness to the receipt exchange as OSM #3, the admissions and marketing director. On 8/14/24 at 11:21 a.m., OSM #3 was interviewed. She stated she remembered seeing OSM #1 copying a large amount of receipts. OSM #3 had been in line at the copier behind OSM #1 as she copied the receipts and remembered remarking to OSM #1 about how long it was going to take her to get everything copied. She said OSM #2 walked into the area where OSM #1 was making the copies and said something to the effect of: Hurry up and give me the receipts. OSM #3 stated: I feel like there were receipts there for everything. There was a lot of stuff bought for the residents. It was spread out all over everywhere. When asked if she knew of any evidence that this was true, she stated she did not have evidence, but was only going by what she could see. (continued on next page)

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NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Rose Hill Health and Rehab	110 Chalmers Court Berryville, VA 22611

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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 0609 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	On 8/14/24 at 12:19 p.m., ASM #3, the administrator in the facility in December 2023, was interviewed. He stated he was not working in the facility in July 2023 when the alleged spend down occurred, and only became aware of a problem when an internal complaint was filed through the corporate compliance line. He stated the complaint was about OSM #1 not providing receipts for purchases made out of resident personal funds accounts. He stated OSM #1 was adamant that she had provided some of the receipts, and had made copies of all of them. However, OSM #1's vehicle with some of the receipts and all of the copies was repossessed shortly after the shopping had occurred in July 2023 and OSM #1 had no way to retrieve the original receipts or the copies. He stated OSM #2 was equally adamant that most of the receipts had never been returned. He stated he was unclear about what happened to any leftover cash that would have been owed back to various resident funds accounts. He stated he did not remember any such records. He stated OSM #1 recreated, as best she could, lists of what she had bought for each resident in the spend down. He stated he took the list and went room to room for each resident to verify that what was on the list had made it into the residents' rooms. He stated: I didn't find anything in terms of misappropriation. It didn't appear like there was misappropriation. The value was approximately the value of the money attributed to each resident's account. When asked the location of documentation of the efforts he had made, he stated he could not recall for sure what, if any documentation he had made. He stated OSM #2 told him that she had initially reported this concern to ASM #4, who had not done anything about it. When asked if he had interviewed any residents or other staff members, he stated he had not. When asked if he had reported this allegation of possible misappropriation of resident property to the state agency or other agencies, he stated: Overall it appeared to me that the money taken from the PFAs was properly spent to buy things for residents. He stated it was more of an internal process problem than a concern about misappropriation of funds. He stated: What was presented to me was that someone purchased goods and did not turn in receipts. I did not take this to be an allegation of misappropriation of money. I understand now that it might be taken that way. When asked why, if he was not concerned about the possibility of misappropriation of funds, he needed to go room to room to verify what had been purchased, he did not answer. On 8/14/24 at 1:00 p.m., ASM #1 was asked if this allegation had been thoroughly investigated. He stated: We always go by facts. If I am doing an investigation, I get witness statements, and I would have documentation of everything I did. I would have a statement of my conclusion. Unfortunately there has been a large turnover of staff. I don't see those things here. On 8/14/24 at 1:35 p.m., ASM #2 stated she had heard from the corporate office staff. A corporate vice-president had called her and asked her to tell the surveyor that the corporate staff did not report this to the state because it was no misappropriation of funds. The staff members were disciplined because they did not follow internal policy; all items bought matched the money spent; the corporate office reconciled everything. When asked the possible consequences of staff not following the policy regarding cash disbursements from resident personal funds accounts, ASM #2 said: A misappropriation of the resident's money. When asked if she or ASM #1 had located any evidence of the corporate office's reconciliation of cash disbursed with items bought, she stated they had not. A review of the facility policy, Resident Abuse, revealed, in part: Misappropriation or resident property . means 'the deliberate misplacement, exploitation or wrongful, temporary, or permanent use of a resident's belongings or money without the resident's consent .Investigation .Immediately upon report of an incident . the suspect(s) shall be segregated from the resident .An incident report shall be filed by the individual in charge who received the report .The facility shall report to the state agency and one or more law enforcement entities any reasonable suspicion of a crime against any individual who is a resident of, or is receiving care from, the facility. (continued on next page)

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	495140	A. Building B. Wing	08/14/2024

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Rose Hill Health and Rehab	110 Chalmers Court Berryville, VA 22611

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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 0609 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	No further information was provided prior to exit.

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 495140	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 08/14/2024
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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 0610 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Respond appropriately to all alleged violations. 32642 Based on staff interview and facility document review, the facility staff failed to report an allegation of misappropriation of resident property to the state agency for two of thirteen residents in the survey sample, Residents #11 and #12. The findings include: For Residents #11 (R11) and #12 (R12), the facility staff failed to investigate an allegation of staff misappropriation of resident property to the state agency between July and November 2023. On 8/13/24, OSM (other staff member) #1's (the director of social services) employee folder was reviewed. This review revealed an Employee Progressive Action Memorandum dated 11/28/23. This document contained, in part, the following information: Employee Name [OSM #1] .Supervisor Name [ASM #3] .Date 11/28/23 .Type of Violation Category 2 Violation .The offenses are considered improper conduct subject to progressive discipline up to, and including, termination .You failed to follow the .protocol for processing, dispersing and record keeping for the Residents Trust Accounts .You were given funds in excess of $9,000 and tasked with purchasing items for residents .policy requires that receipts for all purchases are turned in within 24 hours. You failed to insure receipts were provided for purchases you made .policy requires that a list of items to be purchased and an estimated value be given to the Business Office Prior to receiving any funds. You also failed to make these estimates prior to taking money .Outcome of Violation .Step 3: 3rd Disciplinary Action .You must follow the .policy of providing a list of items to be purchased when requesting funds from the resident trust accounts. You must turn in receipts for money spent within 24 hours of receiving funds. If you are unable to complete shopping within 24 hours you must turn in receipts you have and account for the balance of the money drawn daily until shopping is completed. Violations of handling Resident Trust Funds could be considered level 1 violations resulting in immediate termination. On 8/13/24, OSM (other staff member) #2's (the former business office manager) employee folder was reviewed. This review revealed an Employee Progressive Action Memorandum dated 11/28/23. This document contained, in part, the following information: Employee Name [OSM #1] .Supervisor Name [ASM #3] .Date 11/28/23 .Type of Violation Category 2 Violation .The offenses are considered improper conduct subject to progressive discipline up to, and including, termination .You failed to follow the .protocol for processing, dispersing and record keeping for the Residents Trust Accounts .You knowing (sic) dispensed cash to another employee on more than one occasion in amounts in excess of $1000 without getting the receipts within 24 hours as specified. To compound the matter you allowed that condition to exist for more than 120 days with (sic) reporting the condition to anyone. When you did report the occurrence, you reported it to the HR (human resources) Generalist not the administrator or other person in your line of authority. A review of Resident Funds Account activity revealed checks were written and cashed out of petty cash for the following residents on these dates in these amounts: R11 - 7/6/23 - $2000; R12 - 7/6/23 - $2000. (continued on next page)

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 495140	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 08/14/2024
NAME OF PROVIDER OR SUPPLIER Rose Hill Health and Rehab		STREET ADDRESS, CITY, STATE, ZIP CODE 110 Chalmers Court Berryville, VA 22611	

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

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F 0610 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	On 8/14/24 at 8:35 a.m., ASM (administrative staff member) #1, the administrator, was asked to provide evidence of an investigation related to these petty cash withdrawals, including documentation of who handled the cash, how much cash was exchanged among employees, copies of receipts, witness statements, resident interviews, and other staff interviews. On 8/14/24 at 10:29 a.m., OSM #1 was interviewed. She stated ASM #4, the administrator in July 2023, and OSM #2 instructed her that she needed to do a spend down for several residents because they had too much money in their account for Medicaid. She stated she could not recall all of the names of the residents for whom she received this instruction. She stated OSM #2 wrote one big check which was cashed by ASM #4. She stated the cash was given to her in an envelope, and she could not recall whether or not she verified the amount of cash she received, or whether or not she signed any sort of receipt for the large amount of cash. She stated: I think it was around $9000. She continued: I did the spend down. I went to Wal Mart, Ross, and lots of other places. She stated she bought televisions, hygiene products, hair products, nail care products, clothes, and accessories. She stated when she returned to the facility, she gave the receipts to OSM #2, but did not keep any copies for herself. She stated she had a witness to her providing the receipts immediately to OSM #2. She stated she now realizes she should have kept the copies. She stated approximately six months later, OSM #2 went to her and asked for all the receipts from the July 2023 spend down. OSM #1 stated she had already turned in all receipts to OSM #2, and did not have copies as back up. She stated she believes at the time OSM #2 asked again for the receipts, OSM #2 had already completed Medicaid renewals on some of the residents included in the July 2023 spend down. She stated Medicaid would not have renewed any resident's payment if receipts were not provided for the spend down. She also stated she actually overspent for some of the residents, and was personally reimbursed for these charges in cash immediately after the July 2023 spend down. OSM #1 stated she was never suspended from work pending an investigation of these events. On 8/14/24 at 10:45 a.m., ASM #1, the administrator, and ASM #2, the director of nursing, were informed of these concerns. ASM #1 stated if anyone is suspected of misappropriating resident property or funds, it becomes a part of the facility's abuse and neglect protocol. He stated the allegation should be reported to proper authorities, and an investigation should be started. He stated the employee who is the alleged perpetrator should be suspended pending the outcome of the investigation. Once the investigation has been thoroughly completed, the facility's policy guides the outcome for the employee and affected residents. ASM #1 and ASM #2 were informed of concerns regarding a lack of reporting, a lack of an investigation, and a lack of the facility's following its own policy. On 8/14/24 at 11:18 a.m., ASM #2 stated they had identified the witness to the receipt exchange as OSM #3, the admissions and marketing director. On 8/14/24 at 11:21 a.m., OSM #3 was interviewed. She stated she remembered seeing OSM #1 copying a large amount of receipts. OSM #3 had been in line at the copier behind OSM #1 as she copied the receipts and remembered remarking to OSM #1 about how long it was going to take her to get everything copied. She said OSM #2 walked into the area where OSM #1 was making the copies and said something to the effect of: Hurry up and give me the receipts. OSM #3 stated: I feel like there were receipts there for everything. There was a lot of stuff bought for the residents. It was spread out all over everywhere. When asked if she knew of any evidence that this was true, she stated she did not have evidence, but was only going by what she could see. (continued on next page)

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F 0610 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	On 8/14/24 at 12:19 p.m., ASM #3, the administrator in the facility in December 2023, was interviewed. He stated he was not working in the facility in July 2023 when the alleged spend down occurred, and only became aware of a problem when an internal complaint was filed through the corporate compliance line. He stated the complaint was about OSM #1 not providing receipts for purchases made out of resident personal funds accounts. He stated OSM #1 was adamant that she had provided some of the receipts, and had made copies of all of them. However, OSM #1's vehicle with some of the receipts and all of the copies was repossessed shortly after the shopping had occurred in July 2023 and OSM #1 had no way to retrieve the original receipts or the copies. He stated OSM #2 was equally adamant that most of the receipts had never been returned. He stated he was unclear about what happened to any leftover cash that would have been owed back to various resident funds accounts. He stated he did not remember any such records. He stated OSM #1 recreated, as best she could, lists of what she had bought for each resident in the spend down. He stated he took the list and went room to room for each resident to verify that what was on the list had made it into the residents' rooms. He stated: I didn't find anything in terms of misappropriation. It didn't appear like there was misappropriation. The value was approximately the value of the money attributed to each resident's account. When asked the location of documentation of the efforts he had made, he stated he could not recall for sure what, if any documentation he had made. He stated OSM #2 told him that she had initially reported this concern to ASM #4, who had not done anything about it. When asked if he had interviewed any residents or other staff members, he stated he had not. When asked if he had reported this allegation of possible misappropriation of resident property to the state agency or other agencies, he stated: Overall it appeared to me that the money taken from the PFAs was properly spent to buy things for residents. He stated it was more of an internal process problem than a concern about misappropriation of funds. He stated: What was presented to me was that someone purchased goods and did not turn in receipts. I did not take this to be an allegation of misappropriation of money. I understand now that it might be taken that way. When asked why, if he was not concerned about the possibility of misappropriation of funds, he needed to go room to room to verify what had been purchased, he did not answer. On 8/14/24 at 1:00 p.m., ASM #1 was asked if this allegation had been thoroughly investigated. He stated: We always go by facts. If I am doing an investigation, I get witness statements, and I would have documentation of everything I did. I would have a statement of my conclusion. Unfortunately there has been a large turnover of staff. I don't see those things here. On 8/14/24 at 1:35 p.m., ASM #2 stated she had heard from the corporate office staff. A corporate vice-president had called her and asked her to tell the surveyor that the corporate staff did not report this to the state because it was no misappropriation of funds. The staff members were disciplined because they did not follow internal policy; all items bought matched the money spent; the corporate office reconciled everything. When asked the possible consequences of staff not following the policy regarding cash disbursements from resident personal funds accounts, ASM #2 said: A misappropriation of the resident's money. When asked if she or ASM #1 had located any evidence of the corporate office's reconciliation of cash disbursed with items bought, she stated they had not. (continued on next page)

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F 0610 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	A review of the facility policy, Resident Abuse, revealed, in part: Misappropriation or resident property . means 'the deliberate misplacement, exploitation or wrongful, temporary, or permanent use of a resident's belongings or money without the resident's consent .Investigation .Immediately upon report of an incident . the suspect(s) shall be segregated from the resident .An incident report shall be filed by the individual in charge who received the report .The Abuse Coordinator and/or Director of Nursing shall take written statements from the victim, the suspect(s), and all possible witnesses including all other employees in the vicinity of the alleged abuse. He/she shall also secure all physical evidence. Upon completion of the investigation, a detailed report shall be prepared. Any suspect(s), once he/she has (have) been identified will be suspended pending the investigation. No further information was provided prior to exit.