STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 495178	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 03/19/2025
NAME OF PROVIDER OR SUPPLIER Charlottesville Health & Rehabilitation Center		STREET ADDRESS, CITY, STATE, ZIP CODE 505 West Rio Road Charlottesville, VA 22901	

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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 0803

Level of Harm - Minimal harm or potential for actual harm

Residents Affected - Some

Ensure menus must meet the nutritional needs of residents, be prepared in advance, be followed, be updated, be reviewed by dietician, and meet the needs of the resident.

Based on observation, resident interview, staff interview, and facility documentation review, the facility staff failed to follow the menu for both meals observed, affecting multiple residents, including Resident #2-R2, Resident #3 - R3, Resident #4 -R4, and Resident #5-R5, who resided on two of two nursing units.

The findings included:

1. The facility staff failed to prepare and serve foods in accordance with the posted menu.

On 3/18/25, the daily menu was observed to be posted on each of the nursing units and outside the main dining room. The menu indicated breakfast included: scrambled eggs, sausage patty, cranberry muffin, orange juice, hot coffee or tea, and assorted milk options.

On 3/18/25, at approximately 8:00 a.m., observations were conducted on each of the units. Residents were noted to be served sausage patty, scrambled eggs, toast, and oatmeal. Residents were also noted to be eating breakfast with no beverages on their tray. A certified nursing assistant was observed taking a beverage cart down the hallway and serving residents beverages which consisted of one cup of coffee or a cup of juice. There was no milk noted.

Several residents' meal trays and tickets were observed, which included but were not limited to, Resident #3 and Resident #4. Each of the meal/tray tickets noted cranberry muffin, which none of the residents were served.

On 3/18/25 at approximately 8:20 a.m., the surveyor went to the kitchen and spoke with the cook (Other Employee #1- OE #1). When asked about the cranberry muffin, OE #1 stated that he had not prepared it and had substituted it with toast. When asked how he knows what to substitute items with, OE #1 said, I don't know, whatever I can pull out of there. When asked about a substitution log, OE #1 stated that he had not seen a substitution log.

On 3/18/25, observations were conducted of the lunch meal/tray line service in the kitchen. The posted menu indicated that the menu was to include baked ham, carrots, scalloped potatoes, dinner roll, dessert: chocolate cake, hot coffee or tea, and assorted milk options.

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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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F 0803 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Some	On 3/18/25, at approximately 11:30 a.m., observations in the kitchen noted the cook pouring mixed vegetable blend out of a bag into the pan and placing it on the steam table. The dietary aide (Other employee #3- OE #3) was observed with a sheet pan of yellow cake at a food preparation table. OE #3 had a gloved hand and was scooping handfuls of the cake into bowls that she placed a dollop of whipped cream on top. When asked about the cake, OE #3 said, I messed it up. On 3/18/25 at 11:45 a.m., the dietary staff started meal service on the tray line. It was noted that no scalloped potatoes were prepared, diced red potatoes were being served. The meal tickets indicated that the dessert was a chocolate cake with chocolate frosting, which also was not being served. Multiple resident meal trays were identified to indicate a heart healthy diet, and the protein was listed as a baked pork chop. When asked about the baked pork chop, OE #1 stated that he didn't prepare it, and all those residents were observed to be served the ham. Multiple residents were listed to have large portions and/or double portions. The cook did provide extra vegetables on some of the plates, on one he provided extra potatoes, and some received no extra servings. When asked about the double portions and what that means, the cook said, I was told to only give 3 oz of meat, and this is more than 3 oz. So its whatever I can get on the plate. Continued observations revealed that the residents listed with a diabetic diet were listed to receive a half serving of the cake. None of those residents received a half portion, instead it was a full bowl of the crumbled cake served. Part way through the meal service they ran out of cake and the remaining trays, which was approximately thirty residents, received a sherbert cup for dessert. Several resident trays were observed to not receive a roll. The dietary aides put the trays onto the meal delivery cart without making any adjustments or questioning the cook when the plate/meal served did not match the meal slip. For residents that had orders for chopped meats, the cook was observed to take a slice of ham to a food preparation table, place the ham on a cutting board and use a knife to cut the ham into large chunks and strips that were not consistent in size. Most of the chunks of ham averaged the size of a quarter. On 3/18/25, interviews were conducted with the two dietary aides, (other employee #2 - OE #2 and other employee #3 - OE #3). Both dietary aides stated that the cook (OE #1) didn't do like he was supposed to and cooked whatever, not following the menu and didn't prepare alternates, unless a manager was present, at which time he did better. OE #2 said, The cook knows what he is supposed to cook but when no manger is here, he does his own thing, but when the manager is here, he does what he is supposed to. (continued on next page)

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F 0803 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Some	On 3/18/25 at 10 a.m., an interview was conducted with the registered dietician (RD). The RD reported that he is at the facility once or twice weekly. The RD confirmed that a lot of the residents had expressed concerns about the diabetic diets, and that he had met with the residents recently. The RD explained that the facility doesn't prepare different foods for diabetics, they do a carbohydrate-controlled diet, and said, Every meal should get the same amount of carbs. It is less carbs than the regular diet and less calories. The RD went on to explain that the diabetic diets are controlled through portions and sometimes a substitution, such as a roll or pasta dish may be substituted for another vegetable or fruit. The RD explained that the meal/tray tickets would correspond with the system and show the serving sizes. The RD confirmed that the kitchen maintains a log of menu substitutions made that he reviews periodically. The RD was then made aware by the surveyor that the dietary staff had reported no knowledge of a substitution log or where to find it. The surveyor accompanied the RD to the kitchen and noted that he was not able to find a substitution log. The RD also confirmed that the facility had an interim dietary manager, who is not on-site daily. On 3/18/25, in the afternoon, an interview was conducted with the evening cook, (other employee #4 - OE #4). When asked about the cranberry muffins, OE #4 explained that they have a muffin mix and that the fruit must be added. OE #4 explained that the cooks look ahead at the menu so they can thaw frozen items for the next day. OE #4 explained that they do not have muffin pans and usually use a sheet pan and have to cut it into slices. Observations revealed that muffin mix was available, cranberries were in the freezer, as was the carrots and pork chops. On 3/18/25, the facility administrator was made aware of the above observations and provided the surveyor with a listing of residents on each diet. The facility provided report indicated that four residents were on a heart healthy diet and two were ordered a heart healthy/diabetic diet, of which none received the baked pork chop at lunch. The listing noted that eleven residents were ordered a diabetic diet that were not served portion controlled foods during the lunch meal service. According to the resident council minutes reviewed from November 2024-February 2025, the residents expressed concerns each month about meal tickets not matching what was served and two of the four months residents expressed concerns about diabetic diets not being followed/provided. According to the grievance log, nine residents filed a grievance with regards to food, which included food preferences and concerns about served items not matching the meal ticket. On 3/19/25 at 8:27 a.m., the activities director (AD) was interviewed. The AD stated that she works closely with resident council and started posting the daily menus because residents expressed concerns that they were not getting posted. The AD reported that the residents have had ongoing complaints regarding the menu/meal tickets not matching what is served and the lack of diabetic diets. The AD reported she has set-up meetings with the contracted dietary company and with the dietician and residents to help resolve the concerns. When asked about alternates, the AD stated that the alternates include a ham or turkey sandwich and said, Yesterday, I had several residents that couldn't eat the ham. So I got them a sandwich. The AD reported, Frequently, they don't get what is on the menu. Yesterday, they didn't have scalloped potatoes, carrots, or the chocolate cake at lunch. (continued on next page)

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F 0803 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Some	The AD went on to explain that she had arranged a meeting with the regional director from dietary and the residents but said, He wasn't actively listening to them. He was very dismissive. The AD explained that the residents were talking about not being provided a diabetic diet and the AD said she told the dietary regional manager, That day they had a plate full of biscuits and gravy for breakfast and at lunch had beef stroganoff, it was a full plate of noodles. It's not that they can't have those items, but it is too many carbohydrates, and it is intense portions. The AD stated that the regional director suggested the registered dietician (RD) educate the residents. The AD explained that the RD had held a meeting with the residents and the residents explained that they know they can eat the foods served but not a plate full. On 3/19/25, the activities director provided the surveyor with email communications she had made with the contracted dietary company management and the dietician. Among the emails, one dated 2/5/25, to the regional dietary manager read, My residents would like to meet with you. I was informed that you were visiting us February 12th. Do you have time in mind that you could have a meeting with them? The response from the regional dietary manager included, . I am happy to spend a small amount of time with the residents but understandably it would need to be quick. The AD responded with, I am available to facilitate a meeting at 11 a.m. However, I cannot guarantee that this meeting will be quick. The problems with residents and the kitchen have escalated to an extreme level. If changes aren't made, we may face significant issues ahead. I have a resident council president who is eager to approach our ombudsman and gather signatures for a petition to remove [contracted dietary company name redacted] from the building. If the ombudsman gets involved, this could potentially lead to APS [adult protective services] concerns. According to another email dated 2/15/25-2/18/25, following the regional dietary manager's meeting with the residents, he reached out to the RD. The email to the RD read in part, . There was a trend among the comments with which I hoped you could help. Comments suggest that diabetic information regarding our menu design and how items on the menu are appropriate. Residents shared that 'my doctor told me to never eat ___ (pasta, rice, any type of starch).' . According to an email from the RD dated 3/6/25, to the activity's director, it read in part, I met with the residents today to discuss the issues with the menu, diabetic diets, and overall complaints. I have a whole list of changes/issues that I will send to [name redacted/kitchen manager] and my big bosses to see what we can change . On 3/18/25, the activities director sent the regional dietary manager another email requesting a follow-up meeting to . assess dietary progress and review menu choices . The response from the regional dietary manager included, . Given the turnover in the kitchen, it would be wise to wait until we have a new manager in position (recruiting ongoing) to introduce the residents. I'll keep in touch with you when this happens so that it can be one of the first things on their list. 2. The facility staff failed to serve the food on the menu to Resident #2 (R2). On 3/18/25 at 12:15 p.m., an observation was made of R2's lunch meal. The meal tray was served in R2's room. The menu was baked pork chop for heart healthy diets, mixed vegetables, scalloped potatoes, dinner roll, chocolate cake with chocolate frosting, 8 oz of 2% milk hot coffee or hot tea. R2's meal tray was observed to contain ham, white cake with cool whip on top, no scalloped potatoes, and no milk. (continued on next page)

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F 0803 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Some	On 3/18/25 at 12:30 p.m. an interview was conducted with R2. R2 said, I usually get a pork chop and not ham. When asked about the beverages not being on the meal tray, R2 stated that beverages were served after the trays and sometimes when the meal is completed. R2 said, Not sure what this dessert is but it's not chocolate. On 3/18/25 at 2:00 p.m. a review of R2's clinical record was conducted. On 9/3/24, a diet order was written, which read, Regular diet with thin liquids. 3. The facility staff failed to serve the meal as listed on the meal ticket to Resident #5 (R5). On 3/18/25 at 12:20 p.m., an observation was made of R5's lunch meal. The meal tray was served in R5's room. R5's meal ticket noted the lunch meal as mechanical advanced chopped baked ham, mixed vegetables, scalloped potatoes, dinner roll, chocolate cake with chocolate frosting, 8 oz 2% milk, hot coffee or hot tea. R5's meal tray was observed with no dinner roll, no chocolate cake with chocolate frosting, no scalloped potatoes, and no milk. On 3/18/25 at 12:40 p.m., an interview was conducted with R5. When asked, R5 stated that the food was good, but it was observed that R5 had only eaten the dessert at lunch meal. On 3/18/25 at 2:30 p.m., a review of the clinical record was conducted. R5's diet order on 11/12/24 read, Regular Dysphagia Advanced thin liquids. On 3/18/25 at 4:00 p.m., a review of facility documentation was conducted. The Resident Council Meeting minutes were reviewed. The meal tickets not matching the meal being served was an ongoing issue in the minutes from November 2024 until present. On 3/18/25 at 4:30 p.m., an end of day meeting was conducted with the administrator, the director of nursing, and the regional clinical director, during which the above concerns were discussed. On 3/19/25 at 10:00 a.m. a review of facility documentation was conducted. The policy titled, Menus, read in part, .2. Menu cycles will be developed and tailored to the needs and requirements of the center . 6. Menus are served as written, unless changed in response to preference, unavailability of an item, or a special meal. 7. A menu substitution log will be maintained on file . No further information was provided prior to the conclusion of the survey.

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F 0806 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Ensure each resident receives and the facility provides food that accommodates resident allergies, intolerances, and preferences, as well as appealing options. 2. For R10, the facility staff failed to uphold the resident's meal preference for a salad and sandwich. On 3/18/25, during the lunch meal, R10's meal tray was observed as the kitchen staff prepared it. According to the meal ticket, R10 was to receive deli sandwich, tossed salad, dressing, mixed vegetables, scalloped potatoes, chocolate cake with chocolate frosting. R10's meal included a slice of ham, mixed vegetables, diced red potatoes, and a roll. On 3/18/25 at approximately 12:20 p.m., R10 was observed in the dining room eating his lunch meal of the ham. When asked, R10 reported that the meal was not what he wanted. According to the facility policy titled, Menus read in part, . 6. Menus are served as written, unless changed in response to preference, unavailability of an item, or a special meal. On 3/18/25, during an end of day meeting, the facility administrator, director of nursing, and regional director of clinical services were made aware of the above findings. No additional information was provided. Based on observation, resident interviews, staff interviews, clinical record reviews, and facility documentation reviews, the facility staff failed to provide meals in accordance with resident preference for 2 residents (Resident #2 - R2 and Resident #10 - R10) out of a survey sample of 8 residents. The findings included: 1. The facility staff failed to serve R2's choice of an entree and a lidded cup with the lunch time meal. On 3/18/25 at 12:15 p.m. an observation was made of R2's lunch meal. R2's meal ticket read that a baked pork chop was the entree requested, but it was observed that she received the flat baked ham and no lidded cup for R2's beverage was observed on her meal tray. On 3/18/25 at 12:30 p.m. an interview was conducted with R2. R2 said, I usually get a pork chop and not ham. R2 stated that she liked a lidded cup but was never given a lid on the cup with meals. On 3/18/25 at 2:00 p.m. a review of the clinical record was conducted. R2's care plan was reviewed and documented that R2 preferred lidded cups with meals. On 3/18/25 at 4:00 p.m. a review of resident council meeting minutes was conducted. The minutes had several dietary concerns that had not been resolved over several months. The documented resident concerns about the food, included meal tickets not being followed, resident choices not being granted,and needing more snacks to be offered. (continued on next page)

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F 0806 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	On 3/18/25 at 4:30 p.m. an end of day meeting was conducted with the administrator, the director of nursing, and the regional clinical director. The above concerns were discussed. No further information was provided prior to the conclusion of the survey.

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F 0807 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Some	Ensure each resident receives and the facility provides drinks consistent with resident needs and preferences and sufficient to maintain resident hydration. Based on observation, resident and staff interviews, and facility documentation review, the facility staff failed to provide liquids consistent with resident needs and preferences affecting multiple residents on two of two units. The findings included: 1. For residents on each of the two units, the facility staff failed to provide milk and other liquids in a quantity sufficient to maintain hydration. On 3/18/25, the daily menu was observed to be posted on each of the nursing units and outside the main dining room. The menu indicated breakfast included: scrambled eggs, sausage patty, cranberry muffin, orange juice, hot coffee or tea, and assorted milk options. On 3/18/25 at approximately 8:00 a.m., observations were conducted on each of the units. Residents were noted to be served sausage patty, scrambled eggs, toast and oatmeal. Residents were also noted to be eating breakfast with no beverages on their tray. A certified nursing assistant was observed taking a beverage cart down the hallway and serving residents beverages which consisted of one cup of coffee or a cup of juice for each resident. There was no milk noted. Several residents' meal trays and tickets were observed, which included but were not limited to Resident #3 and Resident #4. Both residents' meal tickets noted orange juice- 4 oz, hot coffee or hot tea- 8 oz and milk 8 oz. Resident #3's meal tray was observed having only had a cup of juice. Resident #4's meal tray was observed having had not received any beverages yet. On 3/18/25 at approximately 8:20 a.m., an interview was conducted with certified nursing assistant #2 (CNA #2). When asked about milk, CNA #2 said, We just do cream for the coffee in the morning, it's easier. No milk was observed on the beverage cart. On 3/18/25 at 8:20 a.m., the residents residing on unit one, the hallway consisting of rooms 20-33, were just receiving their beverages for their meal, when trays had been distributed at 8 a.m. On 3/18/25 at approximately 8:25 a.m., an interview was conducted with another certified nursing assistant (CNA #5), who reported that milk was put on the trays from the kitchen and they only distributed the juice and coffee from the beverage cart. On 3/18/25 at approximately 8:30 a.m., an interview was conducted with a dietary aide, (other employee #2- OE #2). When asked about milk being on the resident's meal ticket but no one was observed to have received milk at breakfast, OE #2 reported they put milk on the trays in the kitchen but added, Normally when it says that they don't drink it and it goes to waste, so we only put it on a select few that ask for it. On 3/18/25 at 10 a.m., an interview was conducted with the registered dietician (RD). The RD indicated that residents were to receive all items as listed on their meal/tray tickets. The RD was notified of the observation of no residents receiving milk at breakfast and the comments from staff. The RD said, I don't know why they are not getting milk. (continued on next page)

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F 0807 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Some	On 3/18/25, interviews were conducted with residents to include resident #3 and resident #4, both who stated they don't get milk and just one cup of juice with meals. According to the resident grievances, filed on 1/25/25 and 2/3/25, residents expressed a desire to have milk with meals. Both grievances were noted as having been resolved. On 3/18/25 at 11:45 a.m., observations were conducted in the kitchen of the lunch meal service. Trays were observed being prepared, food plated and being put on the delivery carts which were taken to each unit. Resident's meal/tray tickets were observed which included milk and another beverage for each of the residents. None of the residents were served any milk. On 3/18/25 at 4 p.m., observations were conducted in the kitchen, and it was noted that they had 9 milk crates filled with individual cartons of milk, in addition to two, gallon jugs of milk. On 3/18/25, during an end of day meeting, the facility administrator was made aware of the above findings. On 3/19/25 at 8:27 a.m., an interview was conducted with the facility's activity director (AD). The AD reported that residents who eat in the dining room are served their food by the dietary staff, but then the staff in the dining room must prepare their beverages from the hydration station [a counter with various beverages in the dining room] for each resident. The AD went on to state, The hydration station is not done [set up] a lot of times. When asked what is done when there is no hydration station, the AD said, I have to put on a hair net and go in the kitchen to fix it. A lot of times, residents in the dining room get their food but not beverage. A facility policy regarding beverages was requested but the facility stated they had no such policy. No additional information was provided.

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F 0808 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Some	Ensure therapeutic diets are prescribed by the attending physician and may be delegated to a registered or licensed dietitian, to the extent allowed by State law. Based on observation, resident interview, staff interview, and facility documentation review, the facility staff failed to follow the menu for both meals observed, affecting multiple residents who resided on two of two nursing units. The findings included: 1. The facility staff failed to prepare and serve foods in accordance with physician ordered therapeutic diets affecting seventeen residents. On 3/18/25 at 10 a.m., an interview was conducted with the registered dietician (RD). The RD reported he is at the facility once or twice weekly. The RD confirmed that a lot of the residents had expressed concerns about the diabetic diets, and he had met with the residents recently. The RD explained that the facility doesn't prepare different foods for diabetics, they do a carbohydrate-controlled diet, and said, every meal should get the same amount of carbs, it is less carbs than the regular diet and less calories. The RD went on to explain that the diabetic diets are controlled through portions and sometimes a substitution, such as a roll or pasta dish may be substituted for another vegetable or fruit. The RD explained that the meal/tray tickets would correspond with the system and show the serving sizes. On 3/18/25 at 11:45 a.m., observations were conducted of the lunch meal/tray line service in the kitchen. The posted menu indicated that the menu was to include baked ham, carrots, scalloped potatoes, dinner roll, dessert: chocolate cake, hot coffee or tea and assorted milk options. Multiple resident meal trays were identified to indicate a heart healthy diet, and the protein was listed as a baked pork chop. The cook was asked about the baked pork chop and stated he didn't prepare it, and all those residents were observed to be served the ham. Multiple residents were listed to have large portions and/or double portions. The cook did provide extra vegetables on some of the plates, on one he provided extra potatoes, and some received no extra servings. When asked about the double portions and what that means, the cook said, I was told to only give 3 oz of meat, and this is more than 3 oz., so its whatever I can get on the plate. Continued observations revealed that the residents listed with a diabetic diet were listed to receive a half serving of the cake. None of those residents received a half portion, it was a full bowl of the crumbled cake served. Part way through the meal service they ran out of cake and the remaining trays, which was approximately thirty residents, received a sherbert cup for dessert. Several resident trays were observed to not receive a roll. The dietary aides put the trays onto the meal delivery cart without making any adjustments or questioning the cook when the plate/meal served did not match the diet. For residents that had orders for chopped meats, the cook was observed to take a slice of ham to a food preparation table, place the ham on a cutting board and use a knife to cut the ham into large chunks and strips that were not consistent in size. Most of the chunks of ham averaged the size of a quarter. (continued on next page)

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NAME OF PROVIDER OR SUPPLIER: Charlottesville Health & Rehabilitation Center		STREET ADDRESS, CITY, STATE, ZIP CODE: 505 West Rio Road Charlottesville, VA 22901	

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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 0808 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Some	On 3/18/25, interviews were conducted with the two dietary aides, (other employee #2- OE #2 and other employee #3- OE #3). OE #2 said, the cook knows what he is supposed to cook but when no manger is here, he does his own thing, but when the manager is here, he does what he is supposed to. On 3/18/25, the facility administrator was made aware of the above observations and provided the surveyor with a listing of residents on each diet. The facility provided report indicated that four residents were on a heart healthy diet and two were ordered a heart healthy/diabetic diet, that did not receive the baked pork chop at lunch. The listing noted that eleven residents were ordered a diabetic diet that were affected during the lunch meal service. According to the resident council minutes reviewed from November 2024-February 2025, the residents expressed concerns on two of the four months about diabetic diets not being followed/provided. According to the grievance log, nine residents filed a grievance with regards to food which included food preferences and concerns about items served not matching the meal ticket. On 3/19/25 at 8:27 a.m., the activities director (AD) was interviewed. The AD stated that she works closely with resident council and started posting the daily menus because residents expressed concerns that they were not getting posted. The AD reported that the residents have had ongoing complaints regarding the menu/meal tickets not matching what is served and the lack of diabetic diets. The AD reported she has set-up meetings with the contracted dietary company and with the dietician and residents to help resolve the concerns. When asked about alternates, the AD stated that the alternates include a ham or turkey sandwich and said, yesterday I had several residents that couldn't eat the ham, so I got them a sandwich. The AD reported that frequently they don't get what is on the menu, yesterday they didn't have scalloped potatoes, carrots or the chocolate cake at lunch. The AD went on to explain that she had arranged a meeting with the regional director from dietary and the residents but said, he wasn't actively listening to them. He was very dismissive. The AD explained that the residents were talking about not being provided a diabetic diet and the AD said she told the dietary regional manager, That day they had a plate full of biscuits and gravy for breakfast and at lunch had beef stroganoff, it was a full plate of noodles. It's not that they can't have those items, but it is too many carbohydrates, and it is intense portions. The AD stated that the regional director suggested the registered dietician (RD) educate the residents. The AD explained that the RD held a meeting with the residents and the residents explained they know they can eat the foods served but not plate full. On 3/19/25, the activities director provided the surveyor with email communications she had made with the contracted dietary company management and the dietician. According to the emails, one dated 2/5/25, to the regional dietary manager read, My residents would like to meet with you. I was informed that you were visiting us February 12th. Do you have time in mind that you could have a meeting with them? The response from the regional dietary manager included, . I am happy to spend a small amount of time with the residents but understandably it would need to be quick. The AD responded with, I am available to facilitate a meeting at 11 a.m., However, I cannot guarantee that this meeting will be quick. The problems with residents and the kitchen have escalated to an extreme level. If changes aren't made, we may face significant issues ahead. I have a resident council president who is eager to approach our ombudsman and gather signatures for a petition to remove [contracted dietary company name redacted] from the building. If the ombudsman gets involved, this could potentially lead to APS [adult protective services] concerns. (continued on next page)

Printed: 11/21/2025
Form Approved OMB
No. 0938-0391

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F 0808 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Some	According to another email dated 2/15/25-2/18/25, following the regional dietary manager's meeting with the residents, he reached out to the RD. The email to the RD read in part, . There was a trend among the comments with which I hoped you could help. Comments suggest that diabetic information regarding our menu design and how items on the menu are appropriate. Residents shared that 'my doctor told me to never eat ___ (pasta, rice, any type of starch).' . According to an email from the RD dated 3/6/25, to the activity's director, it read in part, I met with the residents today to discuss the issues with the menu, diabetic diets, and overall complaints. I have a whole list of changes/issues that I will send to [name redacted/kitchen manager] and my big bosses to see what we can change . On 3/18/25, the activities director sent the regional dietary manager another email requesting a follow-up meeting to . assess dietary progress and review menu choices . The response from the regional dietary manager included, . Given the turnover in the kitchen, it would be wise to wait until we have a new manager in position (recruiting ongoing) to introduce the residents. I'll keep in touch with you when this happens so that it can be one of the first things on their list. 2. The facility failed to provide R5 with a mechanically altered diet. On 3/18/25 at 12:20 p.m. an observation was made of R5's lunch meal. The meal tray was served in R5's room. The meal ticket noted the resident was to receive mechanical advanced chopped baked ham, and the ham was not chopped. The ham was served cut in long strips. On 3/18/25 at 2:30 p.m. a review of the clinical record was conducted. R5's diet order on 11/12/24 read, Regular Dysphagia Advanced thin liquids. Dietician notes on 2/13/25 read in part. .Nutrition Rec-cont w/[continue with] current mech. diet + supplement order. To cont POC [plan of care], comfort care. Wt (weight) loss anticipated, wt maintenance desired. MD [medical doctor], Nursing, RP [responsible party] notified & aware. On 3/18/25 at 4:00 p.m. a review of facility documentation was conducted. The Resident Council Meeting minutes were reviewed. The minutes had that mechanical diets were not being given. The concern about the mechanically altered foods was voiced in the meeting held in January 2025. On 3/18/25 at 4:30 p.m. an end of day meeting was conducted with the administrator, the director of nurses and the regional clinical director. The above concerns were discussed. On 3/19/25 at 10:00 a.m. a review of facility documentation was conducted. The policy titled, Therapeutic Diets, read in part, Therapeutic diet is defined as a diet ordered by a physician or delegated registered or licensed dietician as part of the treatment for a disease or clinical condition, to eliminate or decrease specific nutrients in the diet, or to increase specific nutrients in the diet, or to provide food that a resident is able to eat. Mechanically altered diet means one in which the texture of the diet is altered. When the texture is modified, the type of texture must be specific and part of the physicians or delegated registered or licensed dietitian's order . Action Steps . 3. Diets are prepared in accordance with the guidelines in the approved diet manual and the individualized plan of care. No further information was provided prior to the conclusion of the survey.

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F 0908 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Some	Keep all essential equipment working safely. Based on observation, staff interview, and facility documentation review, the facility staff failed to maintain essential equipment in safe, operating condition the main kitchen. The findings included: 1. The facility staff failed to maintain the kitchen's walk-in freezer in operating condition. On 3/18/25 at approximately 4 p.m., during observations of the kitchen, it was noted that the freezer door was damaged and did not close completely. When the freezer door was opened, a significant amount of ice buildup was observed around the door jamb, which extended about 4 inches up the door frame. The food packages closest to the door had a buildup of frost. The gasket on the door was not attached at the bottom, about 12 inches of the gasket moved when the door was opened. On the back wall of the freezer was frozen streams of ice and the rear floor was incapsulated with ice build-up that covered the back 1/3 of the walk-in freezer floor. The ice incapsulated a milk crate that was sitting in the floor. On 3/18/25 at 4:05 p.m., an interview was conducted with the cook (other employee #4- OE #4). OE #4 reported that the freezer door had been messed up for a long time. On 3/19/25 at approximately 9:30 a.m., an interview was conducted with the facility's maintenance director (other employee #11- OE #11). OE #11 was asked about the walk-in freezer and stated, The freezer door was in bad shape forever, before I got here. It had a bad seal. We got a new seal, but the door is so bent up, it doesn't close properly. The freezer has always held temperature, so it wasn't a priority until about 3 weeks ago, a drain line burst. So now there are massive chunks of ice everywhere. OE #11 reported he had reached out to a vendor and sent them measurements of the door to see if they can find a replacement door or if they would have to build onto what is there to install a new door and is waiting to hear back. On 3/19/25, the facility administrator provided the survey team with emails that showed communication with a vendor regarding the freezer door. The email was dated 3/5/25 and was communication between OE #11 and a vendor. It read in part, . As you said, you have an old Southern Stainless walk-in freezer that the door has completely gone bad and needs to be replaced. I personally have never heard of Southern Stainless WIF [walk-in freezer] and as you said they're out of business . If you could supply us with dimensions, photos, etc. we might be able to supply you with a replacement option which might be a bump-out . On 3/11/25, OE #11 responded with measurements and photos. No additional information was provided. 2. The facility staff failed to maintain the main kitchen pellet warmer in operating condition. On 3/18/25, during the lunch meal service, observations were conducted in the kitchen of the meal service/tray line. It was observed that facility staff were not using the pellets to sit the plate on to keep the food warm. The plate of food was sat directly onto the meal tray with a pellet lid to cover it. When asked why the pellets were not being used, two dietary aides reported that it wasn't working. (continued on next page)

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F 0908 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Some	On 3/18/25 at 4 p.m., upon a return visit to the kitchen, an interview was conducted with the evening cook, OE #4. When asked about the pellet warmer, OE #4 reported the pellet warmer had been out of service for about two months. She went on to report, It had a burning smell and wasn't getting warm. On 3/18/25, a review of the resident council minutes from November 2024 through February 2025 were reviewed. Each month there were dietary concerns noted. According to the resident council meeting minutes dated 12/19/24 and 2/20/25 noted that residents repeatedly complained of cold food. The administrator's response was that meetings were held and/or communication with the contracted dietary management staff and that dietary had a new manager. On 3/18/25, a review of the grievance log was conducted and grievances related to food services were requested and received. According to a grievance dated 12/16/24, a resident reported concern with food temperature when getting meals in the room. The response included, pellet warmer fixed . On the afternoon of 3/18/25, during an end of day meeting held at approximately 4 p.m., the facility administrator was made aware of the above concerns and asked to provide any evidence he had with regards to the pellet warmer and repairs made to it. On 3/19/25 at 8:27 a.m., the activities director (AD) was interviewed. The AD arranges and coordinates the resident council meetings and reported, Resident council was talking about cold food and there was an issue with the plate warmer. I keep asking about it and the last time was 2 1/2 weeks ago and was told it is not fixed; they are still waiting on a part. On 3/19/25 at approximately 9:30 a.m., an interview was conducted with the facility's maintenance director (other employee #11- OE #11). When asked about the pellet warmer, OE #11 stated that the pellet warmer had been fixed 2-3 times. OE #11 said, It is not set to run indefinitely. I have replaced the thermostat, wire, and switch. It is only like 6 parts, and I have replaced everything in it. They kept plugging it in, hours ahead of time, and when it reaches 220 degrees, it would trip the switch inside of it and shut it off. OE #11 said that he had checked, and it reaches 190 degrees in 25 minutes. OE#11 stated that he told the kitchen staff to not cut it on until they are putting food on the steam table, . but they kept cutting it on and letting it run too long, and it would cut off. OE #11 stated that he had reached out to the company with about five phone calls and an email and then got a response that the technician had come out. OE #11 reported that he didn't even know the technician had come, . they never told me. On 3/19/25, the facility administrator provided an email that was between OE #11 and a vendor for the pellet warmer. The email was dated 3/18/25 and read in part, . We have spoken with tech support, our corporate parts department, and we have any searched online [sic] and cannot find the part information that is needed. Do you have the original purchase order or equipment information that has the model and serial number. This will help him to get what is needed, but we have searched for weeks and contacted our corporate parts department. I have added the technician notes to this work order . Tech notes: 2/21/25 Arrived to look at the plate warmer. I have to put this call on hold to find information on it. Date plate sticker is worn and only has serial number visible. Have to do some digging to find the correct info and parts . (continued on next page)

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F 0908 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Some	On 3/19/25 at approximately 10 a.m., the Regional Director for the contracted dietary services management company was made aware of the above findings. No additional information was provided.