

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  495279	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED  03/13/2025
NAME OF PROVIDER OR SUPPLIER  Culpeper Health & Rehabilitation Center		STREET ADDRESS, CITY, STATE, ZIP CODE  602 Madison Road Culpeper, VA 22701	

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)
<p>F 0573</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Let each resident or the resident's legal representative access or purchase copies of all the resident's records.</p> <p><b>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY**</b> Based on family interview, staff interview, and clinical record review, it was determined the facility staff failed to release the medical records for one of three residents in the survey sample, in a timely manner, Resident #1.</p> <p>The findings include:</p> <p>An interview was conducted with the family member of Resident #1, (This person was not on the face sheet) on [DATE] at 11:15 a.m. The family member stated that the family requested the copy of the medical record on [DATE] and did not receive them until the second or third week of February.</p> <p>The emails sent between the resident's family, the facility medical records staff member (OSM [other staff member] #1), the administrator and the legal department of the facility were reviewed. This is the timeline of events related to the family obtaining the copies of the medical record.</p> <p>[DATE] - family reached out to administrator for records. Administrator notified OSM #1.</p> <p>[DATE] - OSM #1 contacted the other family member, listed on the face sheet and the responsible party, to let them know the needed to send to legal department for release of records. OSM #1 emailed the authorization to the family member.</p> <p>[DATE] - family member emailed the signed authorization and a copy of the death certificate.</p> <p>[DATE] - OSM #1 emailed the documents to legal department.</p> <p>[DATE] - legal emailed with confirmation stating received request, assigned a case number and asked for additional documents.</p> <p>[DATE] - OSM #1 responded to legal to let them know that she had attached the copy of the death certificate, and the requester is the next of kin (wife).</p> <p>[DATE] - family called and requested an update. OSM #1 let them know they were waiting on legal.</p> <p>[DATE] - OSM #1 reached out to the family and informed them that she had sent legal another email asking for an update and OSM #1 made ASM (administrative staff member) #1, the administrator, aware of the situation.</p> <p>(continued on next page)</p>

Any deficiency statement ending with an asterisk (\*) denotes a deficiency which the institution may be excused from correcting providing it is determined that other safeguards provide sufficient protection to the patients. (See instructions.) Except for nursing homes, the findings stated above are disclosable 90 days following the date of survey whether or not a plan of correction is provided. For nursing homes, the above findings and plans of correction are disclosable 14 days following the date these documents are made available to the facility. If deficiencies are cited, an approved plan of correction is requisite to continued program participation.

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE	TITLE	(X6) DATE
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<p>F 0573</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>[DATE] - family emailed for a follow up. Family email ASM #1 about being displeased with the request for how records being handled. (ASM #1) emails them back letting them know, yes, everything does go through legal and typically is quick, that medical records did send on [DATE] and he has reached out to legal that there is no POA (power of attorney) in this situation when they asked for that document, and why are they holding this request.</p> <p>[DATE] - Family provided POA to ASM #1. ASM #1 provided POA to OSM #1, POA sent to legal.</p> <p>[DATE] - OSM #1 emailed legal, resent all documents.</p> <p>[DATE] - OSM #1 emailed legal for update.</p> <p>[DATE] - ASM #1 responded to family, letting them know he just heard from legal that they need representative of the estate of deceased affidavit.</p> <p>[DATE] - Family provided Affidavit, Affidavit sent to legal.</p> <p>[DATE] - ASM #1 let family know documents have been sent.</p> <p>[DATE] - OSM #1 emailed legal to request status of request.</p> <p>[DATE] - OSM #1 emailed legal, legal stated they didn't have all of the documents.</p> <p>[DATE] - ASM #1 emailed family, letting them know they have sent all of the documents to legal.</p> <p>[DATE] - ASM #1 emailed legal and asked for update. Legal stated they don't have all of the documents. OSM #1 resent all documents. Legal stated they could release the records. The family asked for any update. ASM #1 informed them the facility had just got clearance to release the record. [DATE] - OSM #1 spoke with the son and made arrangement for the wife of Resident #1 to pick the records up. The son stated the wife would pick them up on [DATE]. Thirty-two days after the initial request for the records.</p> <p>An interview was conducted with OSM #1 on [DATE] at 10:25 a.m. OSM #1 stated the process for obtaining a copy of a resident's medical records is as followed. The person comes into the building and asks for a copy of the records. She gives them the form to fill out. OSM #1 then sends it to the legal department. Legal will email back with a case number. OSM #1 stated that if legal needs any other documents they will let her know. When asked how soon should records be release to the resident and/or family, OSM #1 stated it should be within 30 days. OSM #1 stated, in this case, the family informed me that the resident had passed away. From her training for this job, she was instructed that she needed the authorization form and the copy of the death certificate for deceased residents. She had never heard or been trained in needing some sort of Affidavit.</p> <p>An interview was conducted with ASM #1 on [DATE] at 10:41 a.m. ASM #1 stated the normal process if for him to give the request to OSM #1. OSM #1 normally handles the request, and he doesn't usually get involved. He stated the family was concerned and wanted updates as to why they were not getting the records in a timely manner. He reached out to legal, and it finally got the authorization to release the records. When asked how long the facility has to get the records to the requesting resident and/or family, ASM #1 stated they have 30 days.</p> <p>(continued on next page)</p>		

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<p>F 0573</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>ASM #1, ASM #2, the director of nursing, and ASM #3, the regional director of clinical services, were made aware of the above concern on [DATE] at 11:00 a.m.</p> <p>No further information was provided prior to exit.</p>

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<p>F 0585</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Some</p>	<p>Honor the resident's right to voice grievances without discrimination or reprisal and the facility must establish a grievance policy and make prompt efforts to resolve grievances.</p> <p>Based on staff interview and facility document review, it was determined the facility staff failed to completely document grievances and failed to document the resolution of the grievances.</p> <p>The findings include:</p> <p>Review of the Grievance/Concern Logs revealed the following:</p> <ol style="list-style-type: none"> <li>1. 12/20 (no year) - no room number, no Unit, no relationship to Resident documented</li> <li>2. 12/27 (no year) - no first name of person filing the concern, no room number, no relationship to Resident documented.</li> <li>3. 12/30 (no year) - No first name of person filing the concern, no time received, no received by, no staff title, no room number, no relationship to resident, Outcome: Concern Resolved - 12/30 (no year) documented.</li> <li>4. 12/30 (no year) - no first name of person filing the concern, Concern resolved - 12/30 (no year), documented.</li> <li>5. 1/9 (no year) - no room number or unit documented. No documentation of resolution.</li> <li>6. 1/10 (no year) - no first name of resident, no room number or unit documented.</li> <li>7. 1/10/ (no year) - no room number, no unit, no name of concerned party, no resolution documented.</li> <li>8. No date, no time, no first name or resident, no dated documented next to Concern resolved.</li> <li>9. 1/14 (no year) - no resident first name, no room number, no unit, no documentation that the concern was resolved, just a date with no year documented.</li> <li>10. No date, no time, no received by, no staff title or resolution date documented.</li> <li>11. No resolution documented.</li> <li>12. 1/20 (no year) documented. No disposition by administrator.</li> <li>13. 1/21 (no yea), no room number or Unit. Resolution date 1/23 (no year).</li> <li>14. 1/27 (no year), no resolution date documented.</li> <li>15. No date, no time, no received by, no resident name, no room number. Missing cigar silver holder, pt said he didn't know where it went was on the smoker's table. No resolution date documented.</li> <li>16. 2/3 (no year) .Resolution ongoing - no date or signature from administrator.</li> </ol> <p>(continued on next page)</p>		

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<p>F 0585</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Some</p>	<p>The facility policy, Service Concerns/Grievances documented in part, Policy: The Administrator is responsible for ensuring that the management staff are trained in appropriately resolving in-house. patient/family service concerns and grievances at the point of service as promptly as possible. The management staff of the Health and Rehabilitation Center is charged with listening and responding to questions, needs problems or concerns brought to their attention by patients and/or families within the Health and Rehabilitation Center .Procedure: 1. Center Nursing Staff, Social Work, and Discharge Planners or any other team member receiving questions or issues of concern regarding care and/or services are to immediately respond at the point of service in an effort to satisfactorily resolve issues of concern. 2. If an issue of concern cannot be immediately and satisfactorily resolved at the point of service, the management staff member will notify the patient/family member that the concern is being submitted to the appropriate department manager and that follow up for resolution will be provided as quickly as possible. The company Grievance form is to be promptly submitted by the staff member through the electronic system. 3. The department manager receiving the concern actively and promptly initiates action (no later than 48 hours of receiving the concern). The department manager will follow up with the patient/family to determine satisfaction and record their actions in the electronic system. This follow up will be sent electronically to the Administrator. 4. The Administrator will follow up as needed with the patient/family regarding satisfactory resolution and will verify the final outcome in the electronic system under the resolution section of the grievance form .6. Grievance logs should be downloaded from the electronic system each month and maintained in a separate administrative file and is to be used for summarizing, referencing and tracking Center concerns for the month. Thses forms are to be maintained on file for three years.</p> <p>ASM #1, ASM #2, the director of nursing, and ASM #3, the regional director of clinical services, were made aware of the above concern on 3/12/25 at 11:00 a.m.</p> <p>No further information was provided prior to exit.</p>