

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  185317	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED  01/09/2025
NAME OF PROVIDER OR SUPPLIER  Greenville Nursing and Rehabilitation		STREET ADDRESS, CITY, STATE, ZIP CODE  521 Greene Drive Greenville, KY 42345	

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 0585</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</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><b>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 47798</b></p> <p>Based on interview, record review and facility policy review, the facility failed to ensure its grievance policy was followed regarding resident/guardian notification of grievance status and outcomes for one (Resident (R) 1) of three residents reviewed for grievances. R1's guardian caused a grievance to be filed on R1's behalf. The facility failed to provide R1's guardian with a written grievance decision which contained all required information, including, but not limited to, the date the grievance was received and the outcome of the grievance.</p> <p>The findings include:</p> <p>Review of a facility policy titled, Grievances, revised 09/06/2024, revealed the facility would support each resident's/patient's and family member's right to voice grievances without discrimination, reprisal or fear of discrimination or reprisal. The policy stated the Administrator was designated as the Grievance official and would keep the resident/patient appropriately apprised of progress towards resolution of the grievances. Further, the resident/patient had the right to obtain a written decision regarding the grievance and the Grievance official would issue a written decision on the grievance to the resident/patient or representative at the conclusion of the investigation.</p> <p>Review of an Admission Record revealed R1 was admitted to the facility on [DATE] with diagnoses including hemiplegia and personal history of traumatic brain injury. Further review of the Admission Record revealed that R1 had a guardian.</p> <p>Review of a grievance, dated 11/24/2024 and completed by the Business Office Manager (BOM), revealed R1's guardian was the complainant. The grievance stated R1 was in the wrong wheelchair and the guardian asked Registered Nurse (RN) 1 to ask the four Certified Nursing Assistants (CNAs) to assist R1 into the correct wheelchair. R1's guardian stated RN1 was rude and responded that I highly doubt there were four CNAs standing around. The guardian also alleged R1 was made to stay in the bed. Further review of the grievance revealed the Grievance Officer, who is the Executive Director (ED), followed up by interviewing RN1 via telephone on 11/24/2024. The grievance form showed a resolution date of 11/24/2024 but did not specify what the resolution was. It was documented on the grievance form that the guardian was notified; however, it did not indicate when this notification occurred.</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
FORM CMS-2567 (02/99) Previous Versions Obsolete	Event ID:	Facility ID: 185317
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<p>F 0585</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>During an interview with R1's guardian on 01/08/2025 at 11:55 AM, she stated that on 11/23/2024, she made a complaint to the BOM which was supposed to be filed as a grievance. R1's guardian stated she was unsure if the grievance was filed because she never heard anything else about it. The guardian denied being notified of the grievance status or its resolution.</p> <p>During an interview with the BOM on 01/09/202 at 11:29 AM, she stated she filed the grievance on behalf of R1's guardian on 11/24/2024. The BOM stated she reported the incident to the ED (Grievance Officer) who handled the situation and grievance from that point on.</p> <p>During an interview with the ED on 01/09/2025 at 2:40 PM, she confirmed she was the grievance officer and was responsible for all grievances in the facility. The ED stated the BOM made her aware of the grievance on 11/24/2024. The ED stated she did not speak to the guardian during the grievance process. Although the grievance form documented the guardian was informed of the results, the ED confirmed she did not notify the guardian in any way once the grievance was resolved. The ED did not give a reason as why this was not done, and stated she should have spoken with R1s guardian about the status and outcome of the grievance, saying she did not follow the facility's grievance policy.</p>		