

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 255156	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 08/13/2025
NAME OF PROVIDER OR SUPPLIER Grenada Rehabilitation and Healthcare Center		STREET ADDRESS, CITY, STATE, ZIP CODE 1966 Hill Drive Grenada, MS 38901	

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 0628</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Provide the required documentation or notification related to the resident's needs, appeal rights, or bed-hold policies.</p> <p>Based on staff interview, record review and facility policy review, the facility failed to provide written transfer notice to a resident's representative for one (1) of nine (9) residents records reviewed. Resident #1 Findings Include</p> <p>Review of the facility policy, titled "Transfer or Discharge Notice", revealed, "Policy Interpretation and Implementation";5. The resident and representatives are notified in writing of the following information: a. The specific reason for the transfer or discharge. b. The effective date of the transfer or discharge. c. The location to which the resident is being transferred or discharged";</p> <p>Review of the online complaint received revealed that Resident #1's resident representative was not notified by the facility of his transfer to the emergency room on 6/25/25.</p> <p>Record review of a "Progress Note", dated 6/25/25, revealed that Resident #1 was transferred to the emergency room on 6/25/25 at 3:05 PM.</p> <p>In an interview with the Administrator (ADM) on 8/11/25 at 3:45 PM, she stated that no written Hospital Transfer Notification was sent to the Resident #1's Resident Representative because he returned to the facility before midnight and was only gone a few hours, so they didn't think it had to be sent.</p> <p>Record review of the "admission Record" revealed that the facility admitted Resident #1 on 11/11/24 with a diagnosis of Cerebral Infarction.</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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