

Department of Health & Human Services
Centers for Medicare & Medicaid Services

Printed: 07/31/2025
Form Approved OMB
No. 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 255294	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 05/21/2025
NAME OF PROVIDER OR SUPPLIER Greenbough Health and Rehabilitation Center		STREET ADDRESS, CITY, STATE, ZIP CODE 340 Desoto Ave Extended Clarksdale, MS 38614	
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 0689 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	<p>Ensure that a nursing home area is free from accident hazards and provides adequate supervision to prevent accidents.</p> <p>47158</p> <p>Based on staff interviews and record review the facility failed to put safety measures in place to prevent an accident during van transport for one (1) of three (3) residents reviewed. Resident #1.</p> <p>Findings Include:</p> <p>Record review of Instructions for loading and unloading a resident with a wheelchair lift on a transport vehicle, provided by the Administrator, revealed Securing the resident in the vehicle. Secure vehicle supplied safety seat belt around the resident.</p> <p>Interview with the Staff Development Nurse on 5/21/25 at 12:15 PM, she verified that the facility did not have a policy on accident prevention or van transport.</p> <p>Record review of the facility investigation revealed on 5/2/25, during transportation to a physician's appointment Resident #1 fell from the wheelchair on to the van floor. Emergency Medical Services (EMS) was contacted, and the resident was transferred to the local emergency room . Resident #1 had no injuries and was transported back to the facility.</p> <p>Record review of Resident #1's hospital records dated 5/2/25 revealed that she sustained no injuries and no treatment was required.</p> <p>An interview with Certified Nursing Assistant (CNA) #1 on 5/21/25 at 12:05 PM, she stated that on 5/2/25 she was transporting Resident #1 from the nursing home to a physician's office approximately two (2) hours away from the facility. She stated when she stopped at a red light down the street from the doctor's office, she checked her rearview mirror and did not see the resident. She stated she drove to where she could pull over to check on the resident and noticed that she was lying on her side on the floor. CNA #1 stated that she was unsure how long the resident had been on the floor of the van. She stated the resident responded to her and she was instructed by the Director of Nursing to call EMS. She stated that EMS arrived and transported the resident to the local emergency room . CNA #1 stated that the resident must have slid out of the wheelchair and admitted that the seat belt was not buckled. She stated that she secured the wheelchair to the van but confirmed that she did not put the safety seat belt around the resident.</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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F 0689 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	An interview with the Administrator and Director of Nursing (DON) on 5/21/25 at 12:10 PM, they verified that CNA #1 did not put the safety seat belt around the resident, and it was their expectation that she would have. They agreed that failure to apply the seat belt could result in injuries. Record review of the Admission Record revealed that the facility admitted Resident #1 on 4/18/25 with diagnoses including Acquired Absence of Left Leg Below Knee.		