

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: 445242	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 05/14/2025
NAME OF PROVIDER OR SUPPLIER Greystone Health Care Center		STREET ADDRESS, CITY, STATE, ZIP CODE 181 Dunlap Road Blountville, TN 37617	
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 0557 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	<p>Honor the resident's right to be treated with respect and dignity and to retain and use personal possessions.</p> <p>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 36003</p> <p>Based on medical record review, observation, and interview the facility failed to ensure resident's right to retain personal possessions for 1 resident (Resident #1) of 3 residents reviewed.</p> <p>The findings include:</p> <p>Review of the medical record revealed Resident #1 was admitted to the facility on [DATE] with diagnoses including Acute and Chronic Respiratory Failure with Hypoxia, Chronic Obstructive Pulmonary Disease, Tracheostomy, Dependence on Ventilator, Gastrostomy Status, Need for Assistance with Personal Care.</p> <p>Review of a Minimum Data Set (MDS) assessment for Resident #1 revealed a Discharge return anticipated MDS assessment was completed on 1/29/2025 and an entry MDS assessment was completed on 3/18/2025.</p> <p>Review of nurse's progress notes for Resident #1 revealed the resident was transferred to the hospital on 1/29/2025 and returned to the facility on [DATE].</p> <p>Review of an admission MDS assessment dated [DATE] revealed Resident #1 scored a 13 on the Brief Interview for Mental Status (BIMS) assessment which indicated the resident was cognitively intact.</p> <p>During a telephone interview on 5/13/2025 at 4:47 PM, Resident #1's family member stated the resident had been hospitalized for 1 month related to trouble breathing. When Resident #1 returned to the facility, the resident's personal belongings, including a statue of [NAME] and a small tree the family decorated for the holidays, were missing from the room. The resident's family member stated a facility staff member was notified of the missing personal items, but did not know the staff member's name. Further interview revealed a staff member had told Resident #1's granddaughter the resident's personal belongings had been packed in a box and reported later the resident's items could not be found.</p> <p>During an observation of Resident #1's room on 5/14/2025 at 8:30 AM, revealed a tree and statue of [NAME] were not in the resident's room.</p> <p>During an interview on 5/14/2025 at 9:01 AM, Social Worker A stated housekeeping boxed resident items and stored them on 3rd floor when a resident left the facility.</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 0557 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	<p>During an interview on 5/14/2025 at 1:35 PM, the Housekeeping Manager stated Resident #1 asked a housekeeper where her personal belongings were when she returned from the hospital. The Housekeeping Supervisor recalled Resident #1 was missing a .Christmas tree and trinkets .I remember she had a tree .she [Resident #1] asked about the tree .When I went up there [3rd floor], I found a journal, notepad, brush, crossword puzzle book, and a daily devotional book. I brought those down to her . The Housekeeping Manager stated resident's belongings who left the facility were placed in a box or bag and labeled with the resident's name and date and was placed in storage. Any boxes/bags dated 30 days or older were to be discarded.We started the 30 day thing because the room [where resident items were stored] was packed . The Housekeeping Manager stated a previous administrator had instructed them [housekeeping staff] to discard resident's personal items which had been stored for 30 days. She stated .when I went to Social Services, I was told the resident [Resident #1] had been gone over 30 days . so the items would have been discarded.</p> <p>During an interview on 5/14/2025 at 1:45 PM, the Social Services Director (SSD) stated she did not recall if she reached out to Resident #1's family to see if they wanted the resident's belongings or to notify them the resident's belongings were going to be discarded after the 30 days. The SSD stated she spoke with Social Worker A, who told her she did not contact Resident #1's family regarding discarding the resident's personal belongings.</p> <p>During an interview on 5/14/2025 at 2:00 PM, the Regional Clinical Director stated she was not aware the former Administrator had advised the housekeeping staff to discard discharged or hospitalized residents' personal items after 30 days and the facility did not have a policy regarding disposal of resident's personal items.</p> <p>During an interview on 5/14/2025 at 3:25 PM, the Director of Nursing (DON) stated staff were expected to notify Administration when resident personal items could not be found.</p>		