

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

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Form Approved OMB
No. 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 455638	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 07/22/2026
NAME OF PROVIDER OR SUPPLIER Greenview Nursing and Rehabilitation		STREET ADDRESS, CITY, STATE, ZIP CODE 401 Owen Lane Waco, TX 76710	
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 0644 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Coordinate assessments with the pre-admission screening and resident review program; and referring for services as needed. **NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** Based on interview and record review, the facility failed to ensure all Pre-admission Screening and Resident Review (PASARR) Level I residents with a mental illness was completed correctly and were provided with a PASARR Level II assessment for one (Resident #1) of four residents reviewed for resident assessments. The facility failed to ensure the PASARR Level 1 screening for Resident #1 was completed accurately and timely. This failure could place residents at risk of not receiving the appropriate care and services to meet their needs. Findings included: Record review of Resident #1's admission sheet, dated 05/11/2026, revealed a [AGE] year-old female who was admitted to the facility on [DATE]. Resident #1 had diagnoses which included unspecified intracranial injury with loss of consciousness of unspecified duration, subsequent encounter (a condition that develops after an initial injury and could lead to long-term effects or complications was often referred to as a secondary or chronic complication of that injury) flaccid hemiplegia affecting left nondominant side (a type of one-sided paralysis where the affected muscles are limp and lack voluntary control, in contrast to spastic hemiplegia where muscles were stiff or contracted uncontrollably) major depressive disorder, recurrent, unspecified (a severe form of depression characterized by persistent feelings of sadness, hopelessness, and a loss of interest in activities once enjoyed), and personal history of traumatic brain injury (an individual previously experienced a head injury caused by external force, regardless of current symptoms or ongoing illness.) Record review of Resident #1's annual MDS assessment, dated 04/08/2026, reflected that he was assessed to have a BIMS score of 14 indicating moderate cognitive impairment. Resident #1 was assessed to have Non-traumatic Dysfunction. Record review of Resident #1's care plan, dated 7/22/2026 reflected a Focus Area: PASARR DME: CMWC- Delivered: N/A Serial #: N/A. In Progress: Requested during initial IDT meeting on 3/26/2026. Goal: CMWC (will be) purchased through PASARR. Interventions: If Resident #1 leaves the facility, CMWC will go with her (once received). Record review of Resident #1's PASARR Comprehensive Service Plan (PCSP) Form, dated 3/26/2026, indicated an IDT meeting took place and Resident #1 was approved for PT, OT, ST and DME. Record review of an email sent to the facility from PASRR NFSS Compliance Department, dated 5/19/2026, indicated: The reason for this email is to notify you that according to our records, an Interdisciplinary Team meeting (IDT) was held and entered the Long-Term Care Online Portal for one or more of your residents. During the IDT meeting nursing facility specialized services were recommended and agreed upon for the resident in your facility. For your facility to be compliant with the 26 Texas Administrative Code (TAC), Chapter 554, Subchapter BB, section S554.2704(i)(7), a nursing facility must initiate nursing facility specialized services within 20 business days following the date that the services are agreed to in the IDT meeting. Currently, your nursing facility is out of compliance as per this TAC Rule. As of today (5/19/2026 date of the email), (continued on next page)		

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: 455638	Facility ID: 455638 If continuation sheet Page 1 of 3

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F 0644 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	our records show that the HHSC PASARR unit has not received a request for specialized services for the following residents: Resident#1. In an interview on 07/22/2026 at 10:25 AM, the MDS Coordinator stated she oversaw doing PASRR assessments. She received the PL1. The MDS Coordinator stated if she a resident transferred from their facility to another facility, she filled out the PL1. The MDS Coordinator stated if a resident admitted another facility, she looked at them to ensure they were accurate. She stated a PASARR should be completed within 72 hours of the resident entering the facility. MDS Coordinator stated a diagnosis of mental-major depressive disorder would indicate a positive level 1 on the PASRR. They would place a 1 on the form and it would trigger the LIDDA, which was the local authority, to come out and assess the resident. She stated if the resident had a positive PASARR, they would have a PE completed and an IDT meeting set up within 14 days with the LIDDA. The MDS Coordinator stated if residents were in the facility, and newly diagnosed with mental illness, a new PL1 was needed. She stated a PASARR would not be done if the resident was not suspected to have a diagnosis that would fall under those categories or IS, MD, DD. She stated everyone who admitted into the facility must have a PL1. The MDS Coordinator stated if there was no diagnosis that trigger any of the boxes, it was a negative PL1; However, if the PASARR was inaccurate, the resident would not receive the services they were eligible for. The MDS Coordinator stated Resident #1 had a diagnosis of major depressive disorder, but her Level 1 was completed on 3/14/2026. She stated a new PASARR was generated, which updated her PL1 PASARR to reveal the new diagnosis. The MDS Coordinator stated Resident #1's PASARR received from the previous facility was not correct, which a new PL1 was updated and revealed her diagnosis. In an interview on 07/22/2026 at 1:13 PM, the DOR stated the MDS Coordinator oversees the PASARR screening. She would double check the PASARR when they come in. He stated he was not sure of the process or any other parts of the PASARR process. DOR stated he did assessments and therapies with the residents. He stated Resident #1 was approved for a DME. He stated it takes between 2 weeks to a month to receive the equipment. He stated the process begins when he does the assessments on the residents, he will then reach out to the wheelchair providers and see who is available and reliable to provide the services. The provider will schedule a day to come out and do the measurements and customization for the wheelchair for the residents. The provider will get bids from different companies for different parts to put the wheelchair together. The provider will write up the estimate and send a copy back to him. The DOR stated once all the bid data from the providers was collected, he will get the signature from the doctor. He stated he believed he reached out to the doctor to get the signature, but the doctor was unavailable for an extended time, and that was the hold up. The DOR stated he upload all the documentation and once PASARR approved it, he would capture the PASARR approve section. He will give it to the system technician with the provider, and she will bill from there and they will begin to build the wheelchair. The DOR stated once the customized wheelchair was built, they will deliver the wheelchair to the facility. The DOR stated the provider was not available which delayed the process of Resident #1 getting her wheelchair in a timely manner. In an interview on 07/22/2026 at 3:06 PM, the ADM stated the MDS Coordinator was responsible for the PASARR. He stated a PASARR should be completed prior to the resident entering the building. The ADM stated a diagnosis that would indicate a Positive Level 1 PASARR would be a traumatic brain injury. The ADM stated if a resident had a positive PASARR 1, they would go through the DOR and a screening to see what services they would be put on or was eligible for. The ADM stated a new PASARR screening would be due to a different diagnosis from when the resident first entered the facility and a change from their original diagnosis. The ADM stated a new ID, MD, or DD would warrant a new Level 1 screening. He stated if the PASARR was inaccurate, the resident would not receive the services, or they were (continued on next page)		

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F 0644 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	offered the wrong services. In an interview on 07/22/2026 at 3:30 PM, the DON stated LIDDA and the MDS Coordinator was responsible for the PASRR. She stated the PASARR should be completed before the resident entered the facility and based on the answers, LIDDA will come out and see the resident. The DON stated a diagnosis that would indicate a positive level 1 was ID - congenital illness, ataxia. She stated if a resident had a positive PASARR 1, they would notify LIDDA and they would come out and assess the resident. The DON stated the need for a new PASARR screening would be if the information is incorrect or LIDDA sees something incorrect when they come out. She stated a new ID, MD, or DD diagnosis would warrant a new level 1 screening. She stated a new PASARR was not warranted for Resident #1 because the documentation was correct and it was just delayed due to a missing signature from the doctor. She stated if the PASARR was inaccurate, it could delay services. Record review of the facility's, Resident Assessment - Coordination with PASARR Program Policy, dated October 2025, revealed The facility coordinates assessments with the preadmission screening and resident review (PASARR) program under Medicaid to ensure that individuals with a mental disorder, intellectual disability, or a related condition receives care and services in the most integrated setting appropriate to their needs. 7. Recommendations, such as any specialized services, from a PASARR level II determination and/ or PASARR evaluation report will be incorporated into the resident's assessment, care planning, and transition or care.		