

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 495093	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 02/13/2026
NAME OF PROVIDER OR SUPPLIER Harrisonburg Hlth & Rehab Cntr		STREET ADDRESS, CITY, STATE, ZIP CODE 1225 Reservoir Street Harrisonburg, VA 22801	

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 0584</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Some</p>	<p>Honor the resident's right to a safe, clean, comfortable and homelike environment, including but not limited to receiving treatment and supports for daily living safely.</p> <p>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** Based on observation, resident interview, family interview, staff interview, facility document review and clinical record review, the facility staff failed to provide a clean, homelike room environment for two of forty-three residents in the survey sample (Residents #130 and #165), failed to provide protections to prevent loss/theft of personal property for two of forty-three residents in the survey sample (Residents #6 and #69) and failed to process laundry timely for multiple residents on three of three units. The findings include: 1. Facility staff failed to consistently provide a properly sized fitted sheet for Resident #130's bed as required in the resident's plan of care.</p> <p>Resident #130 (R130) was admitted to the facility with diagnoses that included polyarthritis, chronic respiratory failure, diabetes, Crohn's disease, anemia, glaucoma, Asperger's syndrome, irritable bowel syndrome, obstructive sleep apnea, bipolar disorder and gastroesophageal reflux disease. The minimum data set (MDS) dated [DATE] assessed R130 as cognitively intact.</p> <p>On 2/10/26 at 3:30 p.m., R130 was observed in bed. The fitted sheet on the bed did not cover the entire mattress with the left corner of the mattress exposed due to the ill-fitted sheet. R130 was interviewed at this time about the sheet. R130 stated he switched from a concave mattress to a standard bariatric mattress a few weeks ago and that the facility did not always have a properly sized sheet for the current mattress. R130 stated the current sheet was too small for the mattress and if the sheet was stretched to fit, the corner of the mattress would raise up. R130 stated he showered in the evenings and sheets were usually changed when he took a shower. R130 stated the orange trimmed sheets fit the mattress best and that many times these sheets were not available in the linen room. The resident demonstrated there was no orange trim on the current fitted sheet.</p> <p>On 2/11/26 at 3:50 p.m., accompanied by the licensed practical nurse unit manager (LPN #11) caring for R130, the linen supply on R130's unit was inspected. There was a supply of sheets, towels and washcloths in the room. There were two teal trimmed sheets, but no orange trimmed sheets available in the linen supply room. The unit manager stated R130 had expressed concerns to her a couple of times about sheets not available for his new mattress.</p> <p>On 2/11/26 at 4:30 p.m., R130 was in bed with a teal trimmed fitted sheet on the bed. The sheet covered the mattress but was tight and pulled at the corners. R130 stated the teal trimmed sheet did not fit. R130 stated that the orange trimmed sheet fit best and that staff reported that there were not many orange trimmed sheets available.</p> <p>On 2/12/26 at 8:18 a.m., the unit manager (LPN #11) was interviewed again about R130's sheet that did not cover the mattress. The unit manager stated she thought the sheet with the teal trim fitted</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: 495093	If continuation sheet Page 1 of 6

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