

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 495143	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 01/15/2026
NAME OF PROVIDER OR SUPPLIER Martinsville Health and Rehab		STREET ADDRESS, CITY, STATE, ZIP CODE 1607 Spruce Street Martinsville, VA 24112	

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 0557</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Honor the resident's right to be treated with respect and dignity and to retain and use personal possessions.</p> <p>Based on resident interview, family interview, staff interview, ombudsman interview, clinical record review, and facility document review, the facility staff failed to treat residents with dignity and respect for (1) one of (28) twenty-eight sampled residents, Resident #55. The findings included: For Resident #55 the facility staff failed to treat the resident with dignity and respect as evidenced by discussing her personal information with her roommate's family member. Resident #55's clinical record listed diagnoses which included but not limited to morbid (severe) obesity due to excess calories. Resident #55's most recent minimum data set with an assessment reference date of 11/30/25 assigned the resident a brief interview for mental status score of 15 out of 15 in section C, cognitive patterns. This indicates that the resident is cognitively intact. Resident #55's comprehensive care plan was reviewed and contained plans for Overweight/Obesity as related: Depression, Obese with BMI (body mass index) >30, (BMI 73.4) history of weight fluctuations with desire to lose weight. Resident desires to lose weight of 100 lb. and I am on a special diet-cause: morbid obesity. Resident expresses desire to lose weight. Surveyor spoke with Resident #55 on 01/13/26 at 11:40 am. Resident #55 stated, . (facility social worker [SW]) called her . (resident's roommate) mother and told her to stop bringing me food. She (SW) told her (roommate's mother) that I have gained 20 lbs, and if she doesn't stop bringing me stuff, they will move my roommate. It's none of her (resident's roommate) business. I felt like I was being stepped on, and I never got an apology. I was humiliated. Surveyor spoke with Resident #55's roommate's mother on 01/13/26 at 1:00 pm. Surveyor asked roommate's mother if the SW had called her to discuss Resident #55, and roommate's mother stated, She called me about bringing . (Resident #55) food and something about the floor and her (Resident #55) weight. I just thought that was . (Resident #55) personal stuff and she (SW) shouldn't be telling me about it. She (SW) said she (Resident #55) had gained a lot of weight. I only bring her iced tea, hot coffee, fresh fruits and salads. They had a meeting a couple of weeks later with the administrator, SW, doctor, and ombudsman. (Resident #55) asked me to come. Surveyor spoke with the SW on 01/13/26 at 1:20 pm regarding Resident #55. SW stated they did talk with Resident #55's roommate's mother but did not discuss resident's weight. SW stated, It was more along the lines of 'you need to talk to staff before you bring food to residents.' Surveyor spoke with the local long-term care ombudsman on 01/15/26 at 10:30 am regarding Resident #55. Ombudsman stated that Resident #55 called me, bawling her eyes out, and was very upset that the SW had called roommate's mother. Ombudsman stated they had a care plan meeting after this, and resident invited her roommate's mother to attend. Ombudsman stated that roommate's mother was upset that the SW said they would move her daughter to another room if she continued to bring Resident #55 food and felt as if was retaliation against her. Surveyor requested and was provided with a facility policy entitled Your Rights and Protections as a Nursing Home Resident which read in part, At a minimum, Federal specifies that nursing homes must protect and promote the following right of each resident. You have the right to Be Treated with Respect: You have the right</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: 495143	If continuation sheet Page 1 of 2

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<p>F 0557</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>to be treated with dignity and respect. The concern on not treating Resident #55 with dignity and respect was discussed with the administrator, director of nursing and regional director of clinical services on 01/15/26 at 2:00 pm. No further information was provided prior to exit.</p>		