

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 495202	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 03/12/2026
NAME OF PROVIDER OR SUPPLIER Gretna Health and Rehabilitation Center		STREET ADDRESS, CITY, STATE, ZIP CODE 595 Vaden Drive Gretna, VA 24557	
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 0684</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Provide appropriate treatment and care according to orders, resident's preferences and goals.</p> <p>Based on staff interview, clinical record review, and facility document review, the facility staff failed to ensure resident treatment and care in accordance with professional standards of practice for (1) one of (4) four sampled residents, Resident #1. The findings included: For Resident #1, the facility staff failed to follow a medical provider order to discontinue the medication polyethylene glycol powder (MiraLAX) after a bowel movement. Resident #1's diagnosis list indicated diagnoses, which included, but not limited to, chronic kidney disease, vascular dementia-mild with agitation, left femur fracture, and difficulty walking. The most recent admission minimum data set (MDS) with an assessment reference date (ARD) of 2/19/26, assigned the resident a brief interview for mental status (BIMS) summary score of 12 out of 15 for cognitive abilities, indicating Resident #1 was moderately impaired in cognition. A review of a medical provider progress note dated 2/16/26 read in part, ".flagged for constipation greater than 3 days. Polyethylene glycol 1 (one) capful every evening has been added until [Resident #1] has a bowel movement. A review of a medical provider orders with a start date of 2/16/26 read in part, ".Polyethylene Glycol 3350 Powder Give 17 gram by mouth at bedtime for Osmotic laxative (a type of medication, available over-the-counter and by prescription, that relieve constipation by drawing water from surrounding body tissues into the colon). A review of Resident #1's bowel elimination record for February 2026 disclosed the resident had a bowel movement on 2/17/26. A review of the February 2026 medication administration record (MAR) disclosed Resident #1 received polyethylene glycol at bedtime from 2/16/26 through 2/24/26. A review of the comprehensive person-centered care plan disclosed a focus and intervention which read in part, ".the resident is at risk for constipation related to reduced physical mobility. An intervention related to the focus read in part, ".administer medications as ordered. Requested clarification of the medical provider order to discontinue polyethylene glycol after Resident #1 had a bowel movement. On 3/12/26 at 9:48 AM, the director of nursing (DON) provided a MD (medical doctor) Communication Form dated 2/16/26, which read in part, ".Diagnosis.Constipation.Orders.Polyethylene Glycol 1 (one) capful.until BM (bowel movement). The DON agreed that the MiraLAX should have been discontinued after Resident #1 had a bowel movement on 2/17/26. This concern was discussed at the pre-exit meeting on 3/12/26 at 11:07 AM with the administrator, director of nursing, and regional director of clinical services. Requested and received a facility policy titled, Non-Controlled Medication Orders with an effective date of 9/2018, which read in part, ".1. Medication orders specify the following.f. Quantity or duration (length) of therapy. No further information was provided prior to exit on 3/12/26.</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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<p>F 0880</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Provide and implement an infection prevention and control program.</p> <p>Based on observation, staff interview, and facility document review, the facility staff failed to utilize appropriate personal protective equipment (PPE) prior to entrance into a resident room identified for contact precautions. The findings included: On 3/11/26 at 1:01 PM during an initial tour of the facility, Resident #2's room was observed to have a sign outside of the room which read in part, Contact Precautions.gown and gloves.prior to entering room. Other staff #1 (OS#1) was observed in the room with a KN95 mask visible covering their face. No gown or gloves were visible on OS#1. On 3/4/26 at 1:04 PM, unit manager #1 (UM#1) was interviewed and stated the expectation for staff entering the room is for gown and gloves to be worn. On 3/4/26 at 1:05 PM, OS#1 was interviewed and stated education on proper PPE for a contact precaution room had been received and stated a gown and gloves should be worn when entering the room. OS#1 was then observed to don a gown and gloves and then re-entered the resident room. This concern was discussed at the pre-exit meeting on 3/12/26 at 11:07 AM with the administrator, director of nursing, and regional director of clinical services. Requested and received a facility policy titled, Transmission Based Precautions-General Practice with an effective date of 12/1/21, which read in part, .The Center initiates transmission-based precautions (TBPs) to protect other patients, employees and visitors from the spread of confirmed or suspected infection or contagious disease.19. If protective attire is determined necessary.1. A gown must be worn when indicated by the type of isolation in order to protect clothing from coming in contact with contaminated materials.e. Put on gloves. No further information was provided prior to exit on 3/12/26.</p>		