

| | | | |
|--|--|---|--|
| STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION | (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 495296 | (X2) MULTIPLE CONSTRUCTION A. Building B. Wing | (X3) DATE SURVEY COMPLETED 01/28/2026 |
| NAME OF PROVIDER OR SUPPLIER Courtland Rehabilitation and Healthcare Center | | STREET ADDRESS, CITY, STATE, ZIP CODE 23020 Main Street Courtland, VA 23837 | |

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 0580</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Some</p> | <p>Immediately tell the resident, the resident's doctor, and a family member of situations (injury/decline/room, etc.) that affect the resident.</p> <p>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** Based on resident and staff interviews and a review of clinical records, the facility staff failed to notify the resident and/or the resident representative of changes for 2 of the 51 residents in the survey sample (Residents #37 and #88). The findings included: 1. The facility's staff failed to notify Resident #37 of her test/laboratory results.</p> <p>Resident #37 was initially admitted to the facility on [DATE] after an acute care hospital stay. The residents' current diagnoses include diabetes, atrial fibrillation, and renal insufficiency.</p> <p>The quarterly Minimum Data Set (MDS) assessment, with an assessment reference date (ARD) of 12/21/25, coded the resident as having completed the Brief Interview for Mental Status (BIMS) and scored 10 out of a possible 15. This indicated Resident #37's cognitive abilities for daily decision making were moderately impaired.</p> <p>In section GG0130. Self-Care: the resident was coded as requiring setup or clean-up assistance with eating; partial/moderate assistance with oral hygiene and upper-body dressing; dependent assistance with toileting; lower-body dressing; putting on/taking off footwear; showering/bathing; and personal hygiene. In section GG0170. Mobility: the resident was coded as independent with rolling in bed, requiring partial/moderate assistance with sit-to-lying, lying-to-sitting, and transfers.</p> <p>On the initial tour with Resident #37 on 1/20/26 at approximately 1:31 PM. The resident stated that she had not been feeling well and was awaiting the results of the test conducted the day before, because the nurse suspected she might have the flu and a urinary tract infection (UTI).</p> <p>On 1/22/26, another interview was conducted with Resident #37, who stated that she had been asleep most of the day because she was still unwell. The resident further stated she had no appetite and was nauseated. She stated that she was still awaiting the results of her test. On 1/23/26 at approximately 1:55 PM, the resident again stated that she was not feeling well and that she had not been notified by nursing of the status of her test or of what could be done for her ill feelings.</p> <p>An interview was conducted with Licensed Practical Nurse (LPN) #2 on 1/23/26 at approximately 2:25 PM. LPN #2 stated she had not been informed of any test results for Resident #37. LPN #2 reviewed the resident orders and identified the following orders dated 1/19/26: In-house COVID and flu test, one time only for 1 day, and a complete blood count, basic metabolic panel, urinalysis, and a urine culture and sensitivity, one time only for nausea/vomiting, dysuria for 2 days.</p> <p>LPN #2 stated that she would need to speak with Unit C Manager (UCM) to determine whether the tests</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 |
|---|-------|-----------|
|---|-------|-----------|

| | | | |
|--|--|---|--|
| STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION | (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 495296 | (X2) MULTIPLE CONSTRUCTION A. Building B. Wing | (X3) DATE SURVEY COMPLETED 01/28/2026 |
| NAME OF PROVIDER OR SUPPLIER Courtland Rehabilitation and Healthcare Center | | STREET ADDRESS, CITY, STATE, ZIP CODE 23020 Main Street Courtland, VA 23837 | |
| 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 0580</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Some</p> | <p>ordered were completed and what the results revealed. LPN #2 later stated that UCM stated she would further investigate the identified concern and provide an update on the findings.</p> <p>On 1/28/26 at approximately 11:00 AM, Resident #37 stated that, shortly after our conversation on 1/23/26, a nurse came in and notified her that she had a yeast infection and would be started on a medication, and that she did not have COVID-19 or the flu. On 1/23/26, the Nurse Practitioner (NP) ordered the resident Fluconazole 150 MG: Give 1 tablet by mouth once daily for 7 days for a yeast UTI.</p> <p>On 1/23/26 at 5:23 PM, a late entry was documented in Resident #37's nurses' note for 1/19/26 at 2:23 PM. The late entry note stated that the resident was assessed per the provider's order for COVID-19 and Influenza swabs due to cold-like symptoms, and the results were negative for COVID-19 and Influenza. The note further stated that the Provider was notified of negative results.</p> <p>An interview was conducted with the NP on 1/28/26 at approximately 3:20 PM. The NP stated that it was not her responsibility to notify the resident and/or the resident's representative of test results, as that was the responsibility of the direct care nurses. The NP stated she added an addendum to her 1/19/26 progress note on 1/23/26 to state that the nurse notified her of Resident #37's test results on 1/19/26.</p> <p>The NP also stated that she delayed initiating medication for the yeast infection to determine whether additional laboratory results would be reported. The bottom of the lab report stated that no further workup performed.</p> <p>On 1/28/26 at approximately 5:30 PM, a final interview was conducted with the Administrator, Director of Nursing, and Regional Clinical Director. An opportunity was offered to the facility's staff to present additional information. They offered no additional information and voiced no concerns regarding the above information.</p> <p>2. The facility staff failed to notify the resident representative of a change in room for Resident #88. Resident #88 was originally admitted to the facility on [DATE]. The current diagnoses included; Alzheimer's Disease with late onset and malignant neoplasm of prostate.</p> <p>The quarterly Minimum Data Set (MDS) assessment with an assessment reference date (ARD) of 12/30/25 coded the resident as completing the Brief Interview for Mental Status (BIMS) and scoring 03 out of a possible 15. This indicated Resident #88's cognitive abilities for daily decision making were severely impaired.</p> <p>An interview was conducted with the Director of Nursing (DON) on 1/28/26 at 2:05 PM. The DON stated that Resident #88 had a change in room on five (5) different occasions and the resident representative was not notified. The DON also stated that the dates and location of the room changes were the following: 1/1/24 to Unit 1 30-A, 1/2/24 to Unit 1 28-A, 7/17/24 to Unit 1 26-A, 12/6/24 to Unit 2 33-A, and 12/6/24 to Unit 1 16-A.</p> <p>A review of the Clinical Census documentation for Resident #88 read that the resident had room changes on the following dates and room locations: 1/1/24 to Unit 1 30-A, 1/2/24 to Unit 1 28-A, 7/17/24 to Unit 1 26-A, 12/6/24 to Unit 2 33-A, and 12/6/24 to Unit 1 16-A.</p> <p>On 1/28/26 at 5:30 p.m., a final interview was conducted with the Administrator, Director of Nursing, and Regional Clinical Director. An opportunity was offered to the facility's staff to present</p> <p>(continued on next page)</p> | | |

| | | | |
|--|--|---|--|
| STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION | (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 495296 | (X2) MULTIPLE CONSTRUCTION A. Building B. Wing | (X3) DATE SURVEY COMPLETED 01/28/2026 |
| NAME OF PROVIDER OR SUPPLIER Courtland Rehabilitation and Healthcare Center | | STREET ADDRESS, CITY, STATE, ZIP CODE 23020 Main Street Courtland, VA 23837 | |

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 0580</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Some</p> | <p>additional information. The Administrator stated, a resident or resident representative needs to be notified prior to the room change happening.</p> |

| | | | |
|--|--|---|--|
| STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION | (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 495296 | (X2) MULTIPLE CONSTRUCTION A. Building B. Wing | (X3) DATE SURVEY COMPLETED 01/28/2026 |
| NAME OF PROVIDER OR SUPPLIER Courtland Rehabilitation and Healthcare Center | | STREET ADDRESS, CITY, STATE, ZIP CODE 23020 Main Street Courtland, VA 23837 | |
| 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 0689</p> <p>Level of Harm - Actual harm</p> <p>Residents Affected - Few</p> | <p>Ensure that a nursing home area is free from accident hazards and provides adequate supervision to prevent accidents.</p> <p>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** Based on resident interview, staff interviews, clinical record review, and review of facility documents, the facility staff failed to provide adequate supervision to prevent accidents for 1 of 51 residents (Resident #98), in the survey sample which constituted harm. The findings included: 1. The facility staff failed to provide adequate supervision to ensure Resident #98 was safe from falling while transferring, which constituted harm. Resident #98 was no longer a resident of the facility; therefore, a closed record review was conducted. Resident #98 was admitted to the facility on [DATE] after a hospital stay. The resident's diagnoses included Alzheimer's Disease, essential hypertension, major depressive disorder, and muscle weakness. The quarterly Minimum Data Set (MDS) assessment with an assessment reference date (ARD) of 10/12/24 coded the resident as completing the Brief Interview for Mental Status (BIMS) and scoring 00 out of a possible 15. This indicated Resident #98's cognitive abilities for daily decision making were severely impaired. A synopsis of an event dated 8/30/23 revealed that Resident #98 had a witnessed fall while a Certified Nursing Assistant (CNA) was transferring Resident #98 from a wheelchair to the bed. Resident #98 and the CNA lost their balance and both fell to the floor. Resident #98 was transferred to the hospital on 8/30/23 and was diagnosed with the following: facial laceration, closed fracture of nasal bone, and closed nondisplaced fracture of second cervical vertebra. A review of section GG (Functional Abilities and Goals) dated 8/15/23 of Resident #98's Minimum Data Set (MDS) coded the resident as dependent (helper does all of the effort. Resident does none of the effort to complete the activity. Or, the assistance of 2 or more helpers is required for the resident to complete the activity) for chair/bed-to-chair transfer (the ability to transfer to and from a bed to a chair or wheelchair). A review of Resident #98's Occupational Therapy Treatment Encounter Note dated 8/25/23 read: stand pivot transfer to wheelchair total assist. On 1/28/26 at 2:15 PM an interview was conducted with the Director of Nursing (DON). The DON stated that due to Resident #98 being coded as dependent for chair/bed-to-chair transfers, the CNA should have had her hands on Resident #98 at all times or should have had the assistance of another staff member. On 1/28/26 at 3:55 PM an interview was conducted with the Director of Rehabilitation. The Director of Rehabilitation stated that Resident #98 was coded as total assist with transfers. The Director of Rehabilitation also stated that the CNA should have had hands on the resident at all times during a transfer from the wheelchair to the bed. A review of Resident #98's nurses note dated 8/30/23 at 4:45 PM read: Called to residents room by CNA, resident was noted to be on the floor on her left side. Blood was noted on the floor. Laceration was noted to middle of residents forehead. She was assessed for further injury and was assisted to the bed. Pressure was applied to forehead to stop bleeding. 911 was called and resident was transported to ER via ambulance. She was sent with her transfer paperwork and bedhold policy. Residents daughter was made aware of fall. A review of Resident #98's nurses note dated 8/30/23 at 10:25 PM read: Resident returned from hospital via ambulance. She has aspen collar intact to her neck. She returned with diagnosis of facial laceration, closed fracture of the nasal bone, and closed nondisplaced fracture of the second cervical vertebra, unspecified fracture morphology. Residents daughter made aware. She stated that she would be at the facility first thing in the morning. A review of Resident #98's Emergency Department documentation dated 8/30/23 read: Final Impression- 1. Facial laceration, initial encounter 2. Closed fracture of nasal bone, initial encounter 3. Closed nondisplaced fracture of second cervical vertebra, unspecified fracture morphology, initial encounter (HCC). A review of Post Fall Review documentation dated 8/30/23 at 10:25 PM read: Fall during transfer with CNA. Resident became combative and lost her balance and fell to the floor. A</p> <p>(continued on next page)</p> | | |

| | | | |
|--|--|---|--|
| STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION | (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 495296 | (X2) MULTIPLE CONSTRUCTION A. Building B. Wing | (X3) DATE SURVEY COMPLETED 01/28/2026 |
| NAME OF PROVIDER OR SUPPLIER Courtland Rehabilitation and Healthcare Center | | STREET ADDRESS, CITY, STATE, ZIP CODE 23020 Main Street Courtland, VA 23837 | |
| 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 0689 Level of Harm - Actual harm Residents Affected - Few | review of an Incident Report dated 8/30/23 at 4:45 PM read, Nursing Description: This nurse was passing meds when called to residents room by CNA, resident was laying on her left side. Blood was noted on the floor. Resident was assisted back to bed with 2 person assist and pressure was applied to forehead laceration. EMS was called. Other Info: Per CNA when transferring resident from wheelchair to bed, resident began resisting care and was pushing against the CNA, both resident and CNA lost balance and both fell to the floor. Statement: Her hand went up towards my face, she was saying something and jerking away from me, and then I fell to the side because I tripped over the leg rest. I'm not sure how she ended up falling forward but she fell face forward to the ground. I called for help, I did not move her, then (Nurse's name) and (CNA name) came in to help. (Nurse's name) assessed her and then we got (Resident #98's name) into bed. On 1/28/26 at 5:30 p.m. a final interview was conducted with the Administrator, Director of Nursing, and Regional Clinical Director. An opportunity was offered to the facility's staff to present additional information. They had no further comments and voiced no concerns regarding the above information. | | |