STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	495331	A. Building B. Wing	11/20/2025

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Grayson Health and Rehabilitation	400 South Independence Avenue Independence, VA 24348

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 0580 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Immediately tell the resident, the resident's doctor, and a family member of situations (injury/decline/room, etc.) that affect the resident. (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

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	495331	A. Building B. Wing	11/20/2025

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Grayson Health and Rehabilitation	400 South Independence Avenue Independence, VA 24348

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 0580 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Based on staff interview, clinical record review and facility document review, the facility staff failed to immediately notify the resident representative of a significant change in resident condition for one of four residents in the survey sample, resident #1.The findings included:Resident #1's diagnoses included but were not limited to chronic atrial fibrillation, chronic obstructive pulmonary disease, pleural effusion, muscle weakness, hypertension, Alzheimer's disease, osteoarthritis, repeated falls, anxiety disorder and acute on chronic congestive heart failure.The annual/5-day minimum data set (MDS) with an assessment reference date of 5/15/25 assigned the resident a brief interview for mental status (BIMS) score of 8 out of 15 indicating moderate cognitive impairment. In section GG- Functional Abilities, resident #1 was coded as requiring substantial/maximal assistance with toileting hygiene and partial/moderate assistance with transfers. Walking was coded as 8/8 not attempted due to medical condition or safety concerns. Resident #1 was coded as having falls within the last 30 days prior to admission, within the last 2-6 months prior to admission and as having a fracture related to a fall within the last 6 months prior to admission.The progress notes were reviewed. A note dated 5/28/25 at 1:46 PM read, CNA (certified nursing assistant) observed resident lying in the bathroom floor. resident did not have nonskid footwear on, did c/o (complain of) left arm and left elbow pain. Resident had multiple skin tear areas to bilateral arms/hands, discoloration to left cheek, and a skin tear to left lower leg. This nurse cleaned skin tears and applied steri strips. NP (nurse practitioner) was notified and ordered x-ray of elbow, arm, hip and pelvis. RP made aware. A note dated 5/28/25 at 2:33 PM read, Spoke with patient and sister at bedside/daughter/POA (power of attorney) via phone. Patient and POA agree to wait on mobile Xray unit to arrive to x-ray arm/left hip. PRN (as needed) medication ordered for acute pain/POA agreed to medication use for pain.According to the document entitled, Fall Investigation Form dated 5/28/25, the fall occurred at 8:45 AM. The document states, CNA (certified nursing assistant) observed res (resident) lying in bathroom floor. The document stated resident got up without assistant, without a walker or wheelchair, without footwear and without using the call light. A Change in Condition document dated 5/28/25 stated the resident fell on 5/28/25 at 8:45 AM and complained of left arm pain. The document states that the physician was notified at 8:50 AM and an x-ray of the left arm was ordered. The document states the resident representative was not notified of the fall until 11:45 AM. On 11/20/25 at 12:56 PM this surveyor interviewed CNA #1. They stated that they observed resident #1 lying in urine in front of the bathroom after breakfast on 5/28/25. CNA #1 could not recall the exact time but stated, I'm pretty sure I was picking up breakfast trays, so it was early. When asked what the resident said when they entered the room they stated, I don't remember exactly but she was able to tell me she fell. CNA #1 stated they did not recall if the call light was on or not, but that resident was able to use the light and frequently did. CNA #1 stated that resident #1 only complained of arm pain all day. They stated that they were in and out of the room multiple times throughout the day and there were no other complaints. This surveyor asked if the pain seemed constant and they stated, no but with moving and going to the bathroom it was pretty bad. CNA #1 stated, I never knew her to try to go without help before.On 11/20/25 at 1:06 PM this surveyor interviewed the Director of Social Services for the facility. They stated they were not aware of any resident or family concerns prior to the fall on 5/28/25. They stated the sister was in the facility that afternoon and that someone from the nursing staff had informed them the family was upset. I went in to see them, and they were concerned that the daughter wasn't notified about the fall that had occurred that morning. I asked if they wanted to file a grievance and they said no that everything was fine and they understood, I think she said, things happen. When asked if they could recall what time they spoke with the resident and her sister they could not say for sure but thought it was after lunch.On 11/20/25 at 1:14 PM this surveyor interviewed the Director of Rehabilitation Services (DOR). They stated, We (another therapist who is no longer employed) went in to see if she was up to therapy, we had heard about the fall and wanted to check on her, she was already on our caseload. She was sitting in her recliner, I asked what happened and she said she fell. She complained of elbow pain, but she wanted to go to the bathroom, so we decided to help with that. After she got off the toilet, she started complaining of lower extremity pain but initially it was just the elbow. We made sure not to let her bear any weight on the arm. She was calm and pleasant when we went in but started crying in pain as soon as we initiated treatment. We supported her left elbow the whole time, we got her back to the chair, she did beautifully, but with the crying in pain we did cue her then not put weight on the left leg either at that point. DOR stated that the sister was present in the room and was aware of the fall at the time. DOR could