STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	675020	A. Building B. Wing	11/21/2025

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Greenville Health & Rehabilitation Center	4910 Wellington St Greenville, TX 75402

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 0677 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Some	Provide care and assistance to perform activities of daily living for any resident who is unable. (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

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(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (Each deficiency must be preceded by full regulatory or LSC identifying information)
F 0677 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Some	**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** Based on observation, interview and record review, the facility failed to provide necessary care and services to ensure a resident who was unable to carry out activities of daily living receives the necessary services to maintain good nutrition, grooming and personal and oral hygiene for 4 of 5 residents (Resident #1, Resident #2, Resident #3, Resident #4) reviewed for quality of life.The facility failed to provide Resident #1's, Resident #2's, Resident #3's and Resident #4's assigned showers for the month of November 2025.This failure could place residents at risk of not receiving the services and care needed, decreased self-esteem, and a decreased quality of life. The findings were:Record review of Resident #1's face sheet, dated 11/10/25 revealed a [AGE] year-old female admitted [DATE] and readmitted [DATE] with diagnoses including (but not limited to) dementia (a general term for a group of conditions that cause a decline in cognitive function), bipolar disorder (a mental health condition that causes extreme mood swings), major depressive disorder (a mental health condition characterized by persistent feelings of sadness), Diabetes Mellitus Type II (a chronic condition where the body does not use insulin effectively or produce enough insulin), Hyperlipidemia (a condition characterized by high levels of lipids/fats in the blood stream), peripheral vascular disease (a group of disorders that can cause narrowing or blockage in the arteries and veins), dysphagia (difficulty swallowing), polyosteoarthritis (inflammation of multiple joints at once), hypertension (high blood pressure) and overactive bladder (a frequent need to urinate, incontinence). Record review of Resident #1's BIMS assessment, dated 9/3/2025, reflected Resident #1 had a BIMS score of 15 indicating intact cognition. Record review of Resident #1's MDS assessment, dated 9/3/2025, reflected Resident #1 had no impairment to upper or lower extremity, utilized a walker for mobility and required supervision with tub/shower transfers and bathing hygiene.Record review of Resident #1's care plan viewed 11/10/25 revealed resident had an ADL (activities of daily living) self-care deficit and required supervision or touching assistance with bathing and that a shower should be provided per scheduled and when needed.During an observation and interview on 11/10/25 at 2:39 p.m., Resident #1 stated that she did not receive a shower on Monday 11/3/25 or Wednesday, 11/5/25; did receive a shower on Friday 11/7/25, but not on Monday, 11/10/25Resident stated, they did not even ask her or tell her anything about it. Presented odor free, hair disheveled, appropriately dressed.Record review of shower sheets for the month of November 2025 indicated Resident #1 received a shower on 11/3/25, refused a shower on 11/5/25 and received a shower on 11/10/25. No shower sheet provided for 11/7/25. Record review of Resident #2's face sheet, dated 11/10/25 revealed a [AGE] year-old female admitted [DATE] and readmitted [DATE] with diagnoses including (but not limited to) Congestive Heart Failure (a chronic condition where the heart cannot pump enough oxygen-rich blood to meet the body's needs, causing fluid to back up in the lungs, liver and other body parts), Diabetes Type II (a chronic condition where the body does not use insulin effectively or produce enough insulin), Parkinson's Disease (a progressive neurological disorder that affects movement due to the death of brain cells causing tremors, stiffness and slowness of movement), Dysphagia (difficulty swallowing), dementia (a general term for a group of conditions that cause a decline in cognitive function), and Osteoporosis (a disease that weakens bones, making them more fragile and prone to fractures).Record review of Resident #2's BIMS assessment, dated 9/18/25, reflected Resident #2 had a BIMS score of 9 indicating moderate cognition.Record review of Resident #2's MDS assessment, dated 9/18/25, reflected that Resident #2 had impairment to lower extremity, utilized a wheelchair for mobility and required total care for tub/shower transfers and bathing hygiene. Record review of Resident #2's care plan viewed 11/10/25 revealed Resident #2 had an ADL (activities of daily living) deficit and required total assistance in bathing and shower should be provided per schedule and when needed. During an observation and interview on 11/10/25 at 2:36 p.m., Resident #2 stated she did not receive a shower today because, they do not have a shower aide, so we don't get one. Resident #2 stated she did not remember if she received a shower last Friday, 11/7/25. Resident presented alert, odor free, appropriately dressed.Record review of shower sheets for the month of November 2025 indicated no shower sheets were completed and did not reflect that Resident # 2 received a shower or bed bath on 11/3/25, 11/5/25, 11/7/25 or 11/10/25. Record review of Resident #3's face sheet, dated 11/10/25 revealed a [AGE] year-old female admitted [DATE] and readmitted [DATE] with diagnoses including (but not limited to) Osteoarthritis (inflammation of the joints), Osteoporosis (a disease that weakens bones, making them more fragile and prone to fractures), Schizoaffective disorder Bipolar type (a mental health condition