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	01/21/2026

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. **NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** Based on observation, interview and record review the facility failed to ensure a resident who was unable to carry out activities of daily living, received the necessary services to maintain good nutrition, grooming, and personal and oral hygiene for 3 of 17 residents (Resident #1, Resident #2, Resident #3) reviewed for ADL care. The facility failed to ensure Resident #1, Resident #2 and Resident #3 were routinely showered/bathed. This failure could place residents at risk of not receiving services or care, decreased quality of life, and decreased self-esteem.Findings included: 1.Record review of Resident #1's face sheet dated 01/21/2026 revealed a [AGE] year-old female originally admitted [DATE] and readmitted [DATE] with diagnoses which included Myocardial Infarction (heart attack), Orthostatic hypotension (a medical condition consisting of an abrupt decrease in blood pressure when a person stands up), Atrial fibrillation (sustained heart rhythm characterized by rapid, irregular activity in the heart), adult failure to thrive (a syndrome of decline in physical and mental health) and seizures (temporary, uncontrolled bursts of electrical activity in the brain that cause involuntary changes in body movement). Record review of the Comprehensive MDS assessment dated [DATE] revealed Resident #1 was able to make herself understood and was understood by others. The MDS assessment indicated Resident #1 had a BIMS score of 12, which indicated her cognition was intact. The MDS assessment indicated Resident #1 had no upper or lower extremity range of motion impairment and required a walker or wheelchair for mobility. Further review of the comprehensive MDS revealed Resident #1 was independent in upper body dressing and eating, and required supervision with lower body dressing, toileting and bathing. Record review of Resident #1's care plan with target date of 03/01/2026 indicated she had a self-care performance deficit, and she required supervision in bathing and staff were to provide shower care per schedule and when needed. The care plan did not indicate Resident #1 refused showers/baths. Record review of Resident #1's Shower Sheets Assignments indicated she was scheduled for showers on the 6 am- 2 pm shift on Tuesday, Thursday, and Saturday. The Shower Sheets Assignments indicated the following for Resident #1:-12/30/2025 initials indicated Resident #1 refused her shower.-01/01/2026 revealed no shower sheet was completed. -01/03/2026 revealed no shower sheet was completed. -01/06/2026 revealed no shower sheet was completed. -01/08/2026 initials indicated Resident #1 refused her shower. -01/10/2026 revealed no shower sheet was completed. -01/13/2026 initials indicated Resident #1 refused her shower. -01/15/2026 revealed no shower sheet was completed. -01/17/2026 revealed no shower sheet was completed. -01/20/2026 revealed no shower sheet was completed. Record review of Resident #1's bathing task in her electronic medical record from 12/30/2025-01/20/2026 did not indicate if the resident received a bed bath or shower. The bathing task only addressed the support the staff provided, and the level of assistance Resident #1 could provide during bathing. During an observation and interview on 01/20/2026 at 2:18 p.m., Resident #1 stated she did not receive a shower today. Resident #1 was unable to recall her shower schedule and was unable to recall the last time she had (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
	675020	A. Building B. Wing	01/21/2026

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	taken a shower. Resident #1 had no preference for bathing. Observation of Resident #1's hair appeared to be matted and greasy. 2.Record review of Resident #2's face sheet dated 01/21/2026 revealed a [AGE] year-old male originally admitted [DATE] and readmitted [DATE] with diagnoses which included Cerebral Infarction (a stroke), vascular dementia (a cognitive decline caused by reduced blood flow to the brain), chronic obstructive pulmonary disease (a progressive lung disease that causes airflow blockage), and chronic kidney disease (long-term, gradual loss of kidney function). Record review of the Quarterly MDS assessment dated [DATE] revealed Resident #2 was able to make himself understood and usually understood others. The MDS assessment indicated Resident #2 had a BIMS score of 6, which indicated his cognition was severely impaired. The MDS assessment indicated Resident #2 had no upper or lower extremity impairment and required a wheelchair for mobility. Further review of the quarterly MDS revealed Resident #2 required supervision in upper/lower body dressing, and toileting and transfers, moderate assistance in bathing and independent in bed mobility. Record review of Resident #2's care plan with target date of 05/08/2026 indicated Resident #2 had an ADL self-care performance deficit, and he required partial / moderate assistance in bathing and staff were to provide shower per schedule and when needed. The care plan indicated a behavioral focus problem revised 05/12/2025 of rejection of care with goal revised 03/25/2025 that resident will be clean, well-groomed through next review date. Record review of Resident #2's Shower Sheets Assignments indicated she was scheduled for showers on the 6 am- 2 pm shift on Tuesday, Thursday, and Saturday. The Shower Sheets Assignments indicated the following for Resident #2:-12/30/2025 initials indicated Resident #2 received a shower. -01/01/2026 revealed no shower sheet was completed. -01/03/2026 revealed no shower sheet was completed. -01/06/2026 revealed no shower sheet was completed. -01/08/2026 initials indicated Resident #2 received a shower. -01/10/2026 revealed no shower sheet was completed. -01/13/2026 initials indicated Resident #2 refused a shower. -01/15/2026 revealed no shower sheet was completed. -01/17/2026 revealed no shower sheet was completed. -01/20/2026 revealed no shower sheet was completed. Record review of Resident #2's bathing task in his electronic medical record from 12/30/2025-01/20/2026 did not indicate if the resident received a bed bath or shower. The bathing task only addressed the support the staff provided, and the level of assistance Resident #2 could provide during bathing. During an interview on 01/20/2026 at 2:19 p.m., Resident #2 stated he did not get a shower today. Resident #2 stated he last took a shower yesterday (clarification Monday, 01/19/2026). Resident #2 stated he took a shower regularly and had no preference of bathing schedule. Observation of Resident #2 revealed the resident to be unshaved, unkempt appearance, hair was matted and presented with unclean odor. 3.Recod review of Resident #3's face sheet dated 01/21/2026 revealed a [AGE] year-old female originally admitted [DATE] and readmitted [DATE] with diagnoses which included hypertension (high blood pressure), chronic obstructive pulmonary disease (a progressive lung disease that causes airflow blockage), peripheral vascular disease (a circulation disorder caused by narrowing, blockage or spasms in a blood vessel), diabetes mellitus type 2 (a chronic condition where the body develops insulin resistance or fails to produce enough insulin leading to high blood sugars), cervicalgia (neck pain), and dementia (an umbrella term for progressive decline in cognitive function that interferes with daily life). Record review of the quarterly MDS dated [DATE] revealed Resident #3 was able to make herself understood and understood others. The MDS assessment indicated Resident #3 had a BIMS score of 12, which indicated her cognitive was intact. The MDS assessment indicated Resident #3 had no upper or lower extremity impairment and required a walker or wheelchair for mobility. Further review of the quarterly MDS assessment revealed Resident #3 was independent in toileting, upper/lower body dressing and bed mobility, required set-up assistance in tub transfers and supervision in bathing. (continued on next page)

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	01/21/2026

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	Record review of Resident #3's care plan with target date of 01/26/2026 indicated Resident #3 had an ADL self-care performance deficit, and she required substantial / maximal assistance in bathing and staff were to provided shower per schedule and when needed. The care plan did not indicate Resident #3 refused showers / bathing. Record review of Resident #3's Shower Sheets Assignments indicated she was scheduled for showers on the 6 am- 2 pm shift on Tuesday, Thursday, and Saturday. The Shower Sheets Assignments indicated the following for Resident #3:-12/30/2025 initials indicated Resident #3 refused a shower. -01/01/2026 revealed no shower sheet was completed. -01/03/2026 revealed no shower sheet was completed. -01/06/2026 revealed no shower sheet was completed. -01/08/2026 initials indicated Resident #3 received a shower. -01/10/2026 revealed no shower sheet was completed. -01/13/2026 initials indicated Resident #3 refused a shower. -01/15/2026 revealed no shower sheet was completed. -01/17/2026 revealed no shower sheet was completed. -01/20/2026 revealed no shower sheet was completed. Record review of Resident #3's bathing task in his electronic medical record from 12/30/2025-01/20/2026 did not indicate if the resident received a bed bath or shower. The bathing task only addressed the support the staff provided, and the level of assistance Resident #3 could provide during bathing. During an interview on 01/20/2026 at 2:23 pm., Resident #3 stated she did not receive a shower today and was not offered a shower. Resident #3 stated her last shower must have been a couple of weeks ago. Resident #3 had no preference of bathing routine. Observation of Resident #3 revealed hair was disheveled, and unclean in appearance. During an interview on 01/20/2026 at 3:41 p.m., LVN A revealed that the facility did have a shower schedule. LVN A stated the nurse aides would give the shower sheet after completion and stated she had not received any shower sheets for 01/20/2026. LVN A stated the purpose of the shower sheet was to provide proof that the shower was completed and identify any skin changes. LVN A stated the charge nurse was ultimately responsible for checking the shower sheets and ensuring the showers are completed per schedule and as needed. During an interview on 01/21/2026 at 9:30 a.m., CNA B revealed that the shower schedule was made by the ADON and was posted at the nurses' station. CNA B stated that if there were a new skin issue that she identified during the shower, she would notify the nurse. CNA B stated she would complete a shower sheet after the showers and give it to the nurse at the end of her shift. CNA B stated that she was sometimes not able to get her showers done, and she did not know if the scheduled shower was completed on the following shift. CNA B could not state why Resident #1, Resident #2 or Resident #3 did not have completed shower sheets and stated that sometimes the schedule gets adjusted. During an interview on 01/21/2026 at 9:46 a.m., CNA C stated the facility had a shower schedule and it was located in the book at the nurses' station. CNA C stated she had quite a few residents on 100 hall that like to do their own sponge bath. Neither Resident #1, Resident #2 or Resident #3 expressed preference for sponge bath. CNA C stated that she would complete shower sheets and turn them into the nurse after the shower was completed. CNA C could not state why multiple shower sheets were missing for Resident #1, Resident #2 or Resident #3 and could not confirm if showers were given. During an interview on 01/21/2026 at 9:54 a.m., CNA D stated that the facility had a shower book kept at the nurse' station. CNA D stated that if a resident refused a shower, she would try to encourage them, but if they are resistant, she would reapproach later. CNA D stated that she would fill out a shower sheet, note skin concerns and initial and then turn it into the nurse. CNA D stated she did not know why some showers sheets were missing and could not confirm if showers were given. During an interview on 01/21/2026 at 10:07 a.m., CNA E stated the shower schedule was located at the nurses' station and that she would tell the nurse if a resident refused to shower. CNA E stated she would complete a shower sheet at the end of each shower. CNA E could not state why shower sheets for Resident #1, Resident #2 or Resident #3 (continued on next page)

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	01/21/2026

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	were missing and could not confirm if showers were given. During an interview on 01/21/2026 at 11:18 a.m., LVN F stated that the aides turn in a completed shower sheet after each shower or at the end of their shift. LVN F stated that the shower sheets were important because they communicated skin care concerns for each resident. LVN F stated that if showers were not completed per schedule, skin concerns could be missed and potentially cause harm to resident. During an interview on 01/21/2026 at 11:25 a.m., LVN G stated that the aides would turn in a completed shower sheet after the shower was done, the nurse would review and initial. LVN G stated that if there was a skin care concern, she would notify the treatment nurse. LVN G stated that she did not know why shower sheets for Resident #1, Resident #2 or Resident #3 were missing and could not confirm if showers were given. During an interview on 01/21/2026 at 11:32 a.m., the MDS Nurse stated that she did not monitor the shower system and stated that she would be responsible for ensuring resistance to care or refusals of showers were identified in the care plan. During an interview on 01/21/2026 at 11:42 a.m., the Treatment Nurse stated that she becomes aware of alterations in skin integrity from the aides or the nurses on resident's shower days. The Treatment Nurse stated that she relied on the nursing staff to keep her update of skin care needs. The Treatment Nurse stated that if the showers were not completed according to the schedule, a skin care concern could be missed and potentially be left untreated. The Treatment Nurse stated that she and the floor staff did complete weekly skin assessments that identify skin care concerns too. During an interview on 01/21/2026 at 1;58 p.m., the DON stated he expected the shower sheets to be completed after each shower and turned into the nurse for review no later than the end of the shift. The DON stated he expected all the showers to be completed per schedule and that the nurse aides would notify the nurse of any refusals to allow the nurse to intervene. The DON stated the nurse was responsible for ensuring the showers are completed per schedule and that he and the unit managers were ultimately responsible to monitor the shower system and ensure the showers are being completed. The DON stated it was important for the resident to receive their showers/baths to prevent infections and illnesses and for their hygiene. During an interview on 01/21/2026 at 2:05 p.m., the Administrator stated that she expected nursing staff to manage and monitor the shower / bathing system to ensure resident's hygiene needs were met appropriately. The Administrator stated she expected the nurse aides to complete the showers per assigned schedule. The Administrator stated she and the DON were ultimately responsible for ensuring the residents received showers regularly. Record review of Clinical Practice Guidelines (reviewed 2/11/21), titled Activities of Daily Living Care Guidelines revealed Residents will receive essential services for activities of daily living to maintain.grooming, and personal and oral hygiene, and Process: Residents will participate in and receive the following person-centered care. Bathing: includes grooming activities such as shaving and brushing teeth and hair.