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	06/05/2026

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Greenville Health & Rehabilitation Center	4910 Wellington 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 0644 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Coordinate assessments with the pre-admission screening and resident review program; and referring for services as needed. **NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** Based on interviews and record reviews, the facility failed to ensure that residents identified as PASSR received specialized equipment in accordance with their PASRR Comprehensive Service Plan (PCSP) Form and failed to submit a request for specialized services in the LTC (Long Term Care) Online Portal for 1 of 8 (Resident #1) residents reviewed for PASRR services in that: The facility failed to submit for a Customized [NAME] Wheelchair (CMWC) for Resident #1 as deemed necessary in the PASRR Comprehensive Service Plan dated 03/03/2026. This failure could place residents identified as PASRR due to mental illness, developmental delay or intellectual delay at risk for not receiving specialized services and equipment to meet their needs and enhance their highest level of functioning.The findings included: Record review of Resident #1 face sheet dated 06/05/2026 revealed an [AGE] year-old male admitted [DATE] and readmitted [DATE] with diagnoses which included moderate intellectual disabilities (a condition characterized by significant limitations in both reasoning and learning and in daily living and social skills), dementia (an umbrellas term for a decline in mental ability), anxiety (persistent worry that interferes with daily life), major depression disorder (a serious mood disorder that causes persistent feelings of sadness, emptiness and loss of interest), delusional disorders (persistent unshakable false beliefs that are not rooted in reality), dysphagia (difficulty swallowing), Hypertension (high blood pressure), osteoarthritis (a degenerative disease that occurs when the protective cartilage that cushions the ends of the bones wears down over time). Record review of Resident #1 quarterly MDS dated [DATE] revealed minimal hearing difficulty, impaired vision and communication deficits that were present daily and a BIMS score of 02 which indicated severe cognitive impairment. Review of functional abilities revealed Resident #1 had upper and lower extremity range of motion impairments, required the use of a wheelchair for mobility, set-up assistance with eating, moderate assistance with upper body dressing, bed mobility, transfers and maximum assistance in lower body dressing, toileting, bathing and wheelchair mobility. Record review of Resident #'1's care plan revealed a focus area dated 01/03/2019 which indicated that Resident #1 had been deemed PASRR positive related to a history of moderate intellectual disability with interventions to include:Specialized services determined to be necessary by the IDT would be initiated and request submitted to DADS within 20 business days after the date of the IDT meeting. Record review of Resident #1's PCSP dated 03/03/2026 revealed IDT members reviewed plan of care and determined that Resident #1 would benefit from a CMWC. During an interview on 06/04/2026 at 10:37 a.m., the PASSR Representative stated that a meeting was held on 03/03/2026 with the facility staff regarding Resident #1 and it was determined that he would benefit from a CMWC. The PASSR Representative stated that the facility still had not submitted the request for authorization of the CMWC. The PASSR Representative stated she was not aware of Resident #1 had any adverse effects of not receiving the CMWC and noted that he did sit in the facility provided standard wheelchair. During an interview on 06/05/2026 at 11:12 a.m., the Social Worker stated that she believed a customized wheelchair had been ordered for Resident #1based on the Comprehensive Service Plan that was completed 03/03/2026 with the PASSR Representative. The Social Worker stated that she (continued on next page)

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	06/05/2026

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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 0644 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	was involved in the coordination of the meeting with the PASSR Representative, but that she did not follow up with the therapy department to determine if the CMWC had been ordered. The Social Worker stated she did not believe Resident #1 had any adverse effects in not receiving the CMWC in a timely manner. During an interview on 06/05/2026 at 1:21 a.m., the DOR stated that he thought the CMWC for Resident #1had been ordered, but he was unsure if it was ordered through the Medicaid program under his applied income of the PASSR program. The DOR provided an incomplete Certification of Medical Necessity Form 1263-B and an incomplete Receipt of Durable Medical Equipment Form H1051 as proof that Resident #1 had been measured for a CMWC. The DOR acknowledged that he did not follow up with the medical equipment supplier to check on the status of the CMWC for Resident #1. The DOR confirmed that Resident #1 was receiving therapy services and that he was properly positioned in the current facility provided wheelchair. The DOR stated that he was now aware that Resident #1 did not have an applied income, which was why the CMWC was not ordered through the Medicaid program, and that he should have followed up with the BOM and the medical equipment provider to submit the request through the PASSR program. The DOR acknowledged that he would benefit from a CMWC but did not feel he had any adverse effects from the standard wheelchair. The DOR stated that he had worked at the facility for approximately 7 months and that he was not entirely sure how the PASSR program worked. During an interview on 06/05/2026 at 1:48 p.m., the BOM stated that Resident #1 did not have an applied income, which meant she would not be eligible to obtain a wheelchair through the Medicaid program. During an interview on 06/05/2026 at 2:53 p.m., the DON stated that Resident #1 as properly positioned in the standard wheelchair with no adverse effects and noted that he would certainly benefit from a CMWC for positioning and comfort. The DON stated she had worked at the facility for approximately 4 weeks and was aware of the PASSR program to include the services provided and importance of providing the identified services. The DON stated that she was not aware that a CMWC had been identified as beneficial for Resident #1 as his PCSP occurred prior to her start date. The DON stated she would work with the DOR and the other IDT members to ensure the appropriate measures were taken to ensure all PASSR Residents received the services they were eligible for and deemed appropriate for. During an interview on 06/05/2026 at 3:09 p.m., the Administrator stated that she believed the current staff had a knowledge deficit regarding the PASSR program and received little guidance from their former regional directors. The Administrator stated that a new company had just purchased the facility and believed their guidance would strengthen the PASSR program for the facility. The Administrator stated that she had been working at the facility for approximately 3 1/2 months and was not aware that a CMWC had been discussed in the PCSP for Resident #1. The Administrator stated that she had advised her Social Worker to contact the PASSR Representative to schedule a care plan for all the current PASSR residents and review for identified services. The Administrator stated she did not feel the standard wheelchair currently utilized for Resident #1 had caused any adverse effects to him. Record review of the facility policy titled, Preadmission and Screening Resident Review Rules & Guidelines, revised 07/2023 revealed, Procedure: If Positive.the facility initiates Specializer Services by submitting request to DADS within 20 days of PCSP Meeting.