

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 445069	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 12/18/2024
NAME OF PROVIDER OR SUPPLIER Nhc Healthcare, Milan		STREET ADDRESS, CITY, STATE, ZIP CODE 8017 Dogwood Lane Milan, TN 38358	

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 - Minimal harm or potential for 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** 49269</p> <p>Based on policy review, job description review, record review, observations, and interview, the facility failed to ensure each resident's environment was safe when 1 of 64 resident rooms on the 100 Hall was a vacant and being renovated. The unlocked and unattended 100 Hall room contained hazardous chemicals and materials including paint, an uncovered bucket with a mixture of paint and water liquid used to clean paint rollers, caulking, nails, screws, and sheetrock mud, and was accessible by residents.</p> <p>The findings include:</p> <ol style="list-style-type: none"> Review of the undated facility policy titled NHC Storage of Hazardous Chemicals, revealed Hazardous chemicals are to be stored out of the reach of patients . Review of the Administrator's job description signed and dated 12/8/2022, revealed .The Administrator has complete administrative and managerial responsibilities within the health care center .Ability to interpret and implement regulations (state and federal) .Promote safety awareness .Assures compliance with State and Federal Regulations and NHC Corporate and Center policies . Review of the Maintenance Supervisor's job description signed and dated 10/18/2024, revealed .The position organizes, directs and supervises the maintenance and repair program involving buildings and grounds. Also coordinates maintenance and repair activities with functions of other departments .When an outside contractor performs a service, it is to be supervised by this position .Responsible for the care and use of supplies and maintenance equipment used in performance of duties . Review of the Maintenance Assistant's job description signed and dated 11/11/2024, revealed .Responsible for the care and use of supplies and maintenance equipment used in performance of duties . Random observation on 12/16/2024 at 10:25 AM, revealed an unlocked vacant room on the 100 Hall, being renovated, containing the following hazardous supplies and materials that were unsecure and unattended: <ol style="list-style-type: none"> 1 five-gallon bucket containing a white liquid substance and a paint roller that was open and without a lid. <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: 445069	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 12/18/2024
NAME OF PROVIDER OR SUPPLIER Nhc Healthcare, Milan		STREET ADDRESS, CITY, STATE, ZIP CODE 8017 Dogwood Lane Milan, TN 38358	
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 - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>b. 3 closed boxes of nails on the wall storage unit counter.</p> <p>c. 1 opened plastic container of screws and nails, and 1 unopened plastic container of screws on the floor in front of the wall storage unit.</p> <p>d. 4 five gallon closed buckets of paint and one of the buckets had dried paint around the top rim of the bucket.</p> <p>e. 1 opened box of approximately 10 tubes of caulking near the entrance door.</p> <p>4. Review of the facility's list of cognitively impaired residents assessed as having wandering behaviors revealed 4 of 8 (Residents #9, #10, #11, and #12) of the residents were mobile.</p> <p>a. Review of the medical record revealed Resident #9 was admitted to the facility on [DATE], with diagnoses including Dementia, Hypertension, Diabetes, and Moderate Intellectual Disabilities.</p> <p>Review of the quarterly Minimum Data Set (MDS) assessment dated [DATE], revealed a Brief Interview of Mental Status (BIMS) was not performed due to Resident #9 was severely cognitively impaired. Resident #9 was ambulatory and independent with bed mobility and transfers.</p> <p>b. Review of the medical record revealed Resident #10 was admitted to the facility on [DATE], with diagnoses including Alzheimer's Disease, Malnutrition, Anxiety, and Bipolar Disorder.</p> <p>Review of the quarterly MDS assessment dated [DATE], revealed a BIMS score of 13 which indicated Resident #10 was cognitively intact. Resident #10 was ambulatory and independent with transfer and bed mobility.</p> <p>c. Review of the medical record revealed Resident #11 was admitted to the facility on [DATE], with diagnoses including Dementia, Anxiety, Schizoaffective Disorders, and Moderate Intellectual Disabilities.</p> <p>Review of the quarterly MDS assessment dated [DATE], revealed a BIMS was not conducted due to Resident #11 was severely cognitively impaired. Resident #11 was ambulatory with supervision and independent with the use of a wheelchair. Resident #11 was assessed for wandering behaviors.</p> <p>d. Review of the medical record revealed Resident #12 was admitted to the facility on [DATE], with diagnoses including Chronic Kidney Disease, Heart Failure, Anxiety, and Alzheimer's Disease.</p> <p>Review of the admission MDS assessment dated [DATE], revealed a BIMS score of 10 which indicated Resident #12 was moderately cognitively impaired. Resident #12 was ambulatory and was independent with bed mobility. Resident required staff supervision with transfers. Resident was assessed for wandering behaviors.</p> <p>5. During an interview on 12/16/2024 at 2:14 PM, the Maintenance Assistant confirmed that the following items in the vacant room on the 100 Hall was paint, a bucket with a white mixture of paint and water liquid used to clean paint rollers, nails, screws, caulking, and sheetrock mud. The Maintenance Assistant confirmed that the paint and screws could be hazardous to residents.</p> <p>(continued on next page)</p>		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 445069	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 12/18/2024
NAME OF PROVIDER OR SUPPLIER Nhc Healthcare, Milan		STREET ADDRESS, CITY, STATE, ZIP CODE 8017 Dogwood Lane Milan, TN 38358	

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 - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>During an interview on 12/16/2024 at 5:31 PM, the Administrator was asked if hazardous materials or chemicals should be stored in an unlocked room that is accessible by residents. The Administrator stated, if they are hazardous, then no.</p>