STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	445071	A. Building B. Wing	11/20/2025

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Claiborne Health and Rehabilitation Center	1850 Old Knoxville Road Tazewell, TN 37879

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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 0552 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Ensure that residents are fully informed and understand their health status, care and treatments. **NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** Based on facility policy review, medical record review, and interviews, the facility failed to obtain consent for administration of a psychotropic medication for 1 resident (Resident #3) of 5 sampled residents reviewed for unnecessary medications.The findings include: Review of the undated facility policy titled, Use of Psychotropic medications, revealed .The facility will document that the resident or resident representative was informed in advance of the risks and benefits of the proposed care, the treatment alternatives or other options and the preferred option to accept or decline in a format the facility deems to use .written consent form, narrative note . Review of the medical record revealed Resident #3 was admitted to the facility on [DATE], with diagnoses including Anxiety, Dementia, and Depression. Review of the Physician's Order for Resident #3 dated 7/27/2025, revealed an order for Lorazepam Oral (by mouth) Concentrate 2 mg/ml (milliliters) give 1 ml by mouth every 4 hours as needed.Review of a quarterly Minimum Data Set (MDS) assessment dated [DATE], revealed Resident #3 scored a 0 on the Brief Interview for Mental Status (BIMS) assessment which indicated the resident had severe cognitive impairment. Further review revealed Resident #3 received an antianxiety medication during the 7 day look back period. Review of a Psychiatric Periodic Evaluation Progress Note for Resident #3 dated 9/19/2025, revealed .Anxiety .seen today in follow up for ongoing management .hospice more recently initiated lorazepam [a medication used to treat Anxiety] for anxiety and agitation .Ativan [a medication used to treat Anxiety] 2 mg [milligram] every 4 hours as needed .Review of Medication Administration Record (MAR) for Resident #3 dated 11/01/2025 through 11/20/2025, revealed the resident had received 3 doses of Ativan 2 mg.During an observation on 11/17/2025 at 11:59 AM in Resident #3's room, revealed resident was lying in bed watching tv. Further observation revealed Resident #3 showed no signs of Anxiety, distress, or any adverse effects to medications. During an interview on 11/20/2025 at 10:05 AM, Registered Nurse (RN) MDS Coordinator confirmed there was no consent for the use of Ativan for Resident #3.

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 0558 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Reasonably accommodate the needs and preferences of each resident. **NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** Based on medical record review, observation, and interview the facility failed to ensure call lights were in reach for 2 residents (Resident #15 and #58) of 61 residents observed.The findings include:Review of the medical record revealed Resident #15 was admitted to the facility on [DATE] with diagnoses including Reduced Mobility, Adult Failure to Thrive, Dementia, and Anxiety.Review of a comprehensive plan for Resident #15's dated 4/11/2023, revealed a care plan for Activities of Daily Living (ADL) deficit related to diagnosis of Dementia. Interventions included .Keep call light in reach while in room .Review of a quarterly Minimum Data Set (MDS) assessment dated [DATE], revealed Resident #15 had severe cognitive impairment. Continued review revealed Resident #15 was dependent on staff for ADLs, bed mobility, and transfers.Review of the medical record revealed Resident #58 was admitted to the facility on [DATE] with diagnoses including Muscle Weakness, Need for Assistance with Personal Care, and Dementia.Review of a quarterly MDS assessment dated [DATE], revealed Resident #58 scored 12 on the Brief Interview for Mental Status (BIMS) assessment which indicated the resident had moderate cognitive impairment. Continued review revealed Resident #58 required substantial/maximal assistance with showering/bathing and transfer from bed to chair.During an observation of Resident #15's room on 11/17/2025 at 12:00 PM, revealed Resident #15 was lying in bed. Further observation revealed the resident's call light was clipped to the call light cord and was hanging on the wall behind the resident's bed, and out of the resident's reach.During an observation of Resident #58's room on 11/17/2025 at 12:10 PM, revealed Resident #58 was lying in bed. Further observation revealed the resident's call light was looped, hanging on the wall behind the resident's bed, and out of the resident's reach.During an observation of Resident #15's room on 11/17/2025 at 2:54 PM, revealed Resident #15 was lying in bed. Further observation revealed the resident's call light was clipped to the call light cord and was hanging on the wall behind the resident's bed, and out of the resident's reach.During an observation of Resident #58's room on 11/17/2025 at 3:00 PM, revealed Resident #58 was lying in bed. Further observation revealed the resident's call light was looped, hanging on the wall behind the resident's bed, and out of the resident's reach.During an observation of Resident #58's room and interview on 11/17/2025 at 3:10 PM, with the Director of Nursing (DON), revealed Resident #58 was lying in bed. Further observation revealed the resident's call light was hanging on the wall behind the resident's bed. The DON confirmed Resident #58's call light was out of the resident's reach.During an observation of Resident #15's room and interview on 11/17/2025 at 3:13 PM, with the DON, revealed Resident #15 was lying in bed. Further observation revealed the resident's call light was clipped to the call light cord and was hanging on the wall behind the resident's bed. The DON confirmed Resident #15's call light was out of the resident's reach.

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F 0641 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Ensure each resident receives an accurate assessment. **NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** Based on Minimum Data Set (MDS) 3.0 Resident Assessment Instrument (RAI) Manual review, medical record review, and interviews, the facility failed to ensure MDS assessments were accurate for 2 residents (Residents #9 and #10) of 21 residents reviewed for MDS assessments. The findings include: Review of the MDS 3.0 RAI Manual dated 10/2025, revealed .Health-related Quality of Life .residents covered by Level II [2] PASRR [Pre-admission Screening and Resident Review] process may require certain care and services provided by the nursing home .Steps for Assessment .Code .yes .if PASRR Level II screening determined that the resident has a serious mental illness . Review of the medical record revealed Resident #9 was admitted to the facility on [DATE] with diagnoses including Bipolar Disorder, Depression, and Anxiety. Review of the Pre-admission Screening and Resident Review (PASRR) assessment dated [DATE], revealed Resident #9 had a PASRR Level II Outcome related to a serious mental illness (Bipolar, Depression, and Anxiety). Review of a Significant Change Minimum Data Set (MDS) assessment dated [DATE], revealed Resident #9 scored a 15 on the Brief Interview for Mental Status (BIMS) assessment which indicated the resident was cognitively intact. Further review revealed the resident had active diagnosis of Bipolar, Depression, and Anxiety. Continued review revealed the resident was not coded for a Level II PASRR condition. Review of the Psychiatric Periodic Evaluation noted dated 11/14/2025 revealed .history of bipolar disorder, generalized anxiety disorder, and dementia, seen today in follow-up for ongoing management .presentation is consistent with early mood elevation in the context of bipolar disorder . During a medical record review interview on 11/19/2025 at 10:24 AM, Registered Nurse (RN) MDS Coordinator confirmed Resident #9 had a Level II PASRR. The RN MDS Coordinator further confirmed the revealed the Level 2 PASSR was not on the Minimum Data Set or the Care Plan. Further interview revealed she was responsible for all PASRRs and MDS assessments for the building, and she reviewed the Psych provider notes for new diagnoses and other pertinent information for MDS assessments. She stated she was unaware that the Care Plan should have information about Level 2 PASRRs. During a medical record review and interview on 11/19/2025 at 10:24 AM, Registered Nurse (RN) MDS Coordinator reviewed the significant change MDS assessment dated [DATE] and the Level II PASRR dated 6/5/2025 for Resident #9. The RN MDS Coordinator confirmed the significant change MDS assessment for Resident #9 was inaccurate and did not reflect the resident's PASRR Level II outcome status. Review of the medical record revealed Resident #10 was admitted to the facility on [DATE]. Diagnoses included Anxiety, Depression, and Schizoaffective Disorder. Review of a PASRR dated 11/5/2021, revealed Resident #10 had a PASRR Level II outcome related to (continued on next page)

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F 0641 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	a serious mental illness (Schizoaffective Disorder, Depression, and Anxiety). Review of an annual MDS assessment dated [DATE], revealed Resident #10 scored 15 on the BIMS assessment which indicated the resident was cognitively intact. Further review revealed the resident had active diagnosis of Anxiety, Depression, and Schizophrenia. Continued review revealed the resident was not coded for a PASRR Level II condition. During a medical record review and interview on 11/19/2025 at 3:50 PM, RN MDS Coordinator reviewed the annual MDS assessment dated [DATE] and the Level II PASRR dated 11/5/2021 for Resident #10. The RN MDS Coordinator confirmed the annual MDS assessment for Resident #10 was inaccurate and did not reflect Resident #10's PASRR Level II outcome status.

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F 0656 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Develop and implement a complete care plan that meets all the resident's needs, with timetables and actions that can be measured. **NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** Based on medical record review and interviews, the facility failed to develop a comprehensive care plan for 2 residents (Residents #9 and #10) of 21 residents reviewed for care planning.The findings include: Review of the medical record revealed Resident #9 admitted to the facility on [DATE] with diagnoses including Bipolar Disorder, Depression, and Anxiety. Review of the Pre-admission Screening and Resident Review (PASRR) dated 6/5/2025, revealed Resident #9 had a PASRR Level II outcome related to a serious mental illness. Review of a significant change Minimum Data Set (MDS) assessment dated [DATE], revealed Resident #9 scored a 15 on the Brief Interview for Mental Status (BIMS) assessment which indicated the resident was cognitively intact. Review of a Comprehensive Care plan revised 10/15/2025, revealed Resident #9's PASRR Level II condition and outcome was not addressed on the comprehensive care plan. During a medical record review and interview on 11/19/2025 at 10:24 AM, Registered Nurse (RN) MDS Coordinator reviewed the comprehensive care plan dated 10/15/2025 and the PASRR level II dated 6/5/2025 for Resident #9. The RN MDS Coordinator confirmed the comprehensive care plan for Resident #9 did not reflect the resident's PASRR level II outcome status. Review of the medical record revealed Resident #10 was admitted to the facility on [DATE]. Diagnoses included Depression, Anxiety, and Schizoaffective Disorder. Review of a PASRR dated 11/5/2021, revealed Resident #10 had a PASRR Level II (2) Outcome related to a serious mental illness. Review of the comprehensive care plan dated 2/6/2024, revealed Resident #10's PASRR level II condition and outcome was not addressed on the comprehensive care plan. Review of an annual MDS assessment dated [DATE], revealed Resident #10 scored a 15 on the BIMS assessment which indicated the resident was cognitively intact. During a medical record review and interview on 11/19/2025 at 3:50 PM, RN MDS Coordinator reviewed the comprehensive care plan dated 2/6/2024 and the PASRR level II dated 11/5/2021 for Resident #10. The RN MDS Coordinator confirmed the comprehensive care plan for Resident #10 did not reflect the resident's PASRR level II outcome status.

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F 0880 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Provide and implement an infection prevention and control program. **NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** Based on facility policy review, medical record review, observations, and interviews, the facility staff failed to offer hand hygiene prior to serving resident meal trays for 1 resident (Resident #74) of 16 residents observed for meal tray distribution. The findings include:Review of the facility's policy titled, Hand Hygiene, revised 1/2020, revealed All staff will perform proper hand hygiene procedures to prevent the spread of infection.before and after eating.using proper technique consistent with accepted standards of practice .Review of the medical record revealed Resident #74 was admitted to the facility on [DATE] with diagnoses including Hypertensive Heart Disease, Type 2 Diabetes, and Chronic Kidney Disease.Review of a quarterly [NAME] Data Set (MDS) assessment dated [DATE], revealed Resident #74 scored a 5 on the Brief Interview for Mental Status (BIMS) assessment which indicated the resident had severe cognitive impairment. The resident required set up or clean up assistance from staff with eating. The resident required supervision or touching assistance from staff with personal hygiene. Review of the Comprehensive Care Plan for Resident #74 revised 10/15/2025, revealed the resident had activities of daily living self-care deficit where resident required assistance with eating and personal hygiene.During an observation on 11/17/2025 at 11:59 AM, Certified Nurse Assistance (CNA) F delivered the lunch meal tray to Resident #74. CNA F set up tray for Resident #74 and failed to offer hand hygiene to the resident.During an interview on 11/17/2025 at 12:03 PM, CNA F confirmed she had not provided hand hygiene for Resident #74 before serving his lunch tray.During an interview on 11/19/2025 at 10:38 AM, Director of Nursing (DON) confirmed it was her expectation that hand hygiene be offered to residents prior to meal trays being served.