STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	445132	A. Building B. Wing	03/04/2026

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Sevierville Health and Rehabilitation Center	415 Catlett Rd Sevierville, TN 37862

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 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 reviews, medical record reviews, observations and interviews, the facility failed to follow appropriate infection practices to prevent the potential spread of infection for 8 residents (Residents #57, #54, #81, #9, #71, #30, #59, and #72) of 85 residents observed for infection control.The findings include:Review of the facility's undated policy titled, Wound Management, revealed .protocols for wound care are established .using current guidelines .for wound management .infection control practices are maintained to decrease and prevent the transmission of infection during wound care and/or dressing changes .Review of the facility's undated policy titled, Enhanced Barrier Precautions [EBP], revealed EBP are an infection control intervention designed to reduce transmission of MDRO's [Multi-Drug Resistant Organisms] in nursing homes. EBP expands upon Standard Precautions by requiring the use of gowns and gloves during specific high contact resident care activities .examples of high contact resident care activities requiring gown and glove use for residents on EBP include .wound care: any skin opening requiring a dressing .pressure ulcers .Review of the facility's undated policy titled, Infection Control Plan, revealed . The goals of the infection control program are .decrease the risk of infection of residents and staff .Review of the medical record revealed Resident #57 was admitted to the facility on [DATE] with diagnoses including Diabetes Mellitus, Heart Failure, and Pressure Ulcer of Sacral Region Stage 3.Review of a quarterly Minimum Data Set (MDS) assessment dated [DATE], revealed Resident #57 scored a 12 on the Brief Interview for Mental Status (BIMS) assessment, which indicated the resident was cognitively intact. During an observation on 3/4/2026 at 9:40 AM, Licensed Practical Nurse (LPN) A entered Resident #57's room to provide wound care. There was a sign on Resident #57's door for EBP, including gown and gloves for high-contact activity. LPN A sanitized hands, donned gloves, gathered wound care items and placed them on a barrier at bedside. LPN A did not don a gown. LPN A assisted the resident to position on her left side, then discarded gloves and donned new gloves without performing hand hygiene. LPN A used normal saline soaked gauze and cleaned the wound using several strokes from proximal area (nearest to the head) to distal area (nearest to the toes) and back and did not use a circular pattern from innermost area of wound to the outside skin area. LPN A removed gloves and donned a new pair of gloves without performing hand hygiene. Using a gloved hand, LPN A placed the ordered medication into the wound bed and applied the ordered dressing. Continued observation revealed the wound did not exhibit any signs or symptoms of infection.During an interview on 3/4/2026 at 2:15 PM, the Director of Nursing (DON) confirmed the cleaning of a wound was to be performed in a circular motion from the inside to the outside, to help prevent the spread of bacteria into the wound. The DON confirmed EBP was to be used with high-contact resident care, including wound care, and hand hygiene should be performed every time gloves were discarded.Review of the medical record revealed Resident #54 was admitted to the facility on [DATE] with diagnoses including Dementia, History of a Stroke, and Generalized Muscle Weakness.Review of a quarterly MDS assessment dated [DATE], revealed Resident #54 scored a 9 on the BIMS assessment, which indicated the resident had moderate cognitive impairment. Further review revealed Resident #57 was always incontinent of bowel and bladder and was dependent on staff for toileting and toileting (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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F 0880 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	hygiene.During observations on 3/2/2026 at 11:15 AM, 3/3/2026 at 10:30 AM, and 3/4/2026 at 9:28 AM, revealed Resident #54's bathroom contained a metal grab bar behind the toilet, with a bedpan placed between the bar and the wall. There was no barrier around the bedpan. Review of the medical record revealed Resident #81 was admitted to the facility on [DATE] with diagnoses including Diabetes Mellitus, Adult Failure to Thrive, and Generalized Muscle Weakness.Review of a quarterly MDS assessment dated [DATE] revealed Resident #81 was unable to participate in a BIMS assessment and had long and short-term memory impairment. Further review revealed Resident #81 was dependent on staff for transfers and oral hygiene.Review of the medical record revealed Resident #9 was admitted to the facility on [DATE] with diagnoses including Dementia, Peripheral Vascular Disease, and Muscle Weakness. Review of an annual MDS assessment dated [DATE], revealed Resident #9 scored a 9 on the BIMS assessment, which indicated the resident had moderate cognitive impairment. Further review revealed Resident #9 required supervision for transfers, and set-up or clean-up assistance with oral hygiene.During observations on 3/2/2026 at 11:17 AM and 3/3/2026 at 10:32 AM, the shared bathroom of Residents #81 and #9 revealed a toothbrush on the back of the toilet, a toothbrush on the sink nearest to the toilet, and both were unlabeled and uncovered. Further observation on 3/4/2026 at 9:20 AM, revealed both unlabeled and uncovered toothbrushes were lying on the sink side by side.Review of the medical record revealed Resident #71 was admitted to the facility on [DATE] with diagnoses including Diabetes Mellitus, Heart Failure, and Generalized Muscle Weakness.Review of the admission MDS assessment dated [DATE], revealed Resident #71 scored an 8 on the BIMS assessment, which indicated the resident had moderate cognitive impairment. Further review revealed Resident #71 had broken or loosely fitting full or partial denture, and required partial/moderate assistance with transfers and oral hygiene.During an interview on 3/2/2026 at 11:19 AM, Resident #71 stated she did not have dentures at this time and had an appointment in the next 2 weeks for new dentures to be made.Review of the medical record revealed Resident #30 was admitted to the facility on [DATE] with diagnoses including Dementia, Type 2 Diabetes Mellitus, and Generalized Muscle Weakness.Review of an admission MDS assessment dated [DATE], revealed Resident #30 did not have dentures.Review of a quarterly MDS assessment dated [DATE], revealed Resident #30 was unable to participate in BIMS assessment and had long and short-term memory impairment. Further review revealed Resident #30 was dependent on staff for transfers and oral hygiene.During observations on 3/2/2026 at 11:25 AM, 3/3/2026 at 9:23 AM, and 3/4/2026 at 9:37 AM, the shared bathroom of Residents #71 and #30 revealed a basket positioned between the sink and the wall, which contained unlabeled and uncovered denture brushes.Review of the medical record revealed Resident #59 was admitted to the facility on [DATE] with diagnoses including Subdural Hemorrhage, Mellitus, and Weakness.Review of an admission MDS assessment dated [DATE], revealed Resident #59 scored a 9 on the BIMS assessment, which indicated the resident had moderate cognitive impairment. Further review revealed Resident #59 was frequently incontinent of bowel and bladder, required substantial/maximal assistance with transfers, and did not use the toilet in the bathroom.Review of the medical record revealed Resident #72 was admitted to the facility on [DATE] with diagnoses including Dementia, Hypothyroidism, and Generalized Muscle Weakness.Review of a quarterly MDS assessment dated [DATE], revealed Resident #72 was unable to participate in BIMS assessment and had long and short-term memory impairment. Further review revealed Resident #72 was always incontinent of bowel and bladder, was dependent on staff for transfers and toileting hygiene, and did not use the toilet in the bathroom.During observations on 3/2/2026 at 11:15 AM, 3/3/2026 at 10:30 AM, and 3/4/2026 at 9:28 AM, the shared bathroom of Residents #59 and #72 revealed a metal grab bar next to the toilet, with a bedpan in a clear bag hanging on the bar. The bedpan was unlabeled. During an interview on 3/4/2026 at 9:49 AM, Certified Nursing Assistant (CNA) A stated, .bedpans are stored in bags .they should have the resident's name on the bedpan .the name should be on the toothbrushes and there are containers for them .During an interview on 3/4/2026 at 1:40 PM, CNA B stated, .we are supposed to put the resident name on (continued on next page)

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F 0880 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	bedpans and toothbrushes so we know who they are used for .things like bedpans and toothbrushes should be in containers or bags .During observations and interview on 3/4/2026 at 2:15 PM, the Assistant Director of Nursing (ADON) confirmed the bedpan in the bathroom of Resident #54 was not labeled or stored in a bag, the shared bathroom of Residents #81 and #9 contained 2 toothbrushes lying side by side that were unlabeled and uncovered, the shared bathroom of Residents #71 and #30 contained unlabeled and uncovered denture brushes, and the shared bathroom of Residents #59 and #72 contained an unlabeled bedpan. During an interview on 3/4/2026 at 3:00 PM, the Director of Nursing (DON) confirmed unlabeled bedpans being stored without coverings or barriers and toothbrushes or dental brushed not properly stored or labeled did not follow the appropriate infection control practices.