

Department of Health & Human Services
Centers for Medicare & Medicaid Services

Printed: 10/09/2026
Form Approved OMB
No. 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 445136	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 07/22/2026
NAME OF PROVIDER OR SUPPLIER Signature Healthcare of Putnam County		STREET ADDRESS, CITY, STATE, ZIP CODE 278 Dry Valley Rd Cookeville, TN 38506	
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 0609 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Timely report suspected abuse, neglect, or theft and report the results of the investigation to proper authorities. **NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** Based on facility policy review, medical record review, and interviews, the facility failed to report an allegation of staff to resident abuse for 1 resident (Resident #68) of 24 residents reviewed for abuse. The findings include: Review of the facility's undated policy titled, Abuse, Neglect, and Misappropriation of Property revealed, .It is the organization's intention to prevent the occurrence of abuse .and to ensure that all alleged violations .which involve abuse .are investigated, and reported immediately to the Facility Administrator, the State Survey Agency, and other appropriate State and local agencies in accordance with Federal and State law .Any abuse allegation must be reported to State within 2 hours from the time the allegation was received .Review of the medical record revealed Resident #68 was admitted to the facility on [DATE] with diagnoses including Stroke, Dementia, and Depression.Review of a quarterly Minimum Data Set (MDS) assessment dated [DATE], revealed Resident #68 scored a 5 on the Brief Interview for Mental Status (BIMS) assessment which indicated the resident had severe cognitive impairment. Review of the Nurse's Note for Resident #68 dated 6/21/2026 at 6:42 AM, revealed .roughly 4:00 AM .This nurse [RN C] sitting at desk .heard CNA [Certified Nurse Assistant B] .with elder saying 'those are my pockets .why don't you keep your hands out of my pockets .Went into room and assessed the situation and elder [Resident #68] was agitated and holding on CNA B's arm and expressing that CNA B just hit her in the eye and she wanted her [CNA B] out of room. CNA B asked to leave while .[RN C] assisted to get elder cleaned up .[Resident #68] did not want to rest in bed anymore and said she wanted to go somewhere .[Resident #68] came and rested in stationary chair in foyer for rest of shift. No bruising noted upon initial examination. Day shift informed to monitor for delayed bruising .During an observation on 7/21/2026 at 11:15 AM, Resident #68 was in her wheelchair in the common area with no signs of distress noted. During an interview on 7/21/2026 at 11:30 AM, the Director of Nursing (DON) stated she was aware of the allegation of abuse on 6/21/2026 for Resident #68. The DON confirmed the allegation of abuse was not reported to the state or any other officials. During an interview on 7/21/2026 at 12:30 PM, the Administrator (ADM) stated she was notified of the allegation of abuse for Resident #68 on 6/21/2026. The ADM stated an investigation was started and the allegation of abuse was unsubstantiated. The ADM confirmed the allegation of abuse was not reported to the State or any other officials. During an interview on 7/22/2026 at 9:00 AM, the Registered Nurse (RN C) stated she recalled the allegation of abuse on 6/11/2026 and she reported it to her supervisor.		

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 0695 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Provide safe and appropriate respiratory care for a resident when needed. **NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** Based on facility policy review, medical record review, observations, and interview, the facility failed to ensure respiratory equipment was stored properly for 2 residents (Residents #51 and #89) of 4 residents reviewed for respiratory care. The findings include: Review of the facility's policy titled, Medication Administration Nebulizers [Updraft], dated 1/2023, revealed .store in plastic bag with the resident's name and the date on it . Review of the medical record revealed Resident #51 was admitted to the facility on [DATE] with diagnoses including Chronic Obstructive Pulmonary Disease (COPD), Dementia, and Asthma. Review of the physician orders for Resident #51 revealed .Albuterol Sulfate Solution [medication delivered by aerosol treatment] 2.5 MG [milligrams]/3ML [milliliters] 3 ml inhalation via nebulizer [device to deliver breathing treatments] two times a day-PRN [as needed] .start date 4/09/2026 .Budesonide Suspension for inhalation via nebulization 1mg/2 mL two times a day .start date 4/09/2026 . Review of the comprehensive care plan for Resident #51 dated 5/21/2026, revealed .r/t [related to] dx [diagnoses] of Asthma .Adm [Administer] meds [medications] as ordered . Review of a quarterly Minimum Data Set (MDS) assessment dated [DATE], revealed Resident #51 scored a 7 on the Brief Interview for Mental Status (BIMS) assessment which indicated the resident had severe cognitive impairment. Further review revealed the resident had COPD and Asthma. Review of the Medication Administration Record (MAR) for 5/1/2026-7/22/2026 revealed Resident #51 received breathing treatments as ordered. During an observation on 7/20/2026 at 11:13 AM, in Resident #51's room, revealed a nebulizer mask was uncovered, open to air, and laying on top of the bedside table. Review of the medical record revealed Resident #89 was admitted to the facility on [DATE] with diagnoses of Myasthenia Gravis and Dysphagia. Review of the physician orders for Resident #89 revealed .Albuterol Sulfate Solution 0.63 MG/3ML 3 ml inhale orally via nebulizer three times a day . start date 5/26/2026 . Review of a quarterly MDS assessment dated [DATE], revealed Resident #89 scored a 15 on the BIMS assessment which indicated the resident was cognitively intact. Review of the comprehensive care plan for Resident #89 dated 7/05/2026, revealed .meds[medications] as ordered . Review of the medication administration record (MAR) for 5/1/2026-7/22/2026 revealed Resident #89 received breathing treatments as ordered During an observation on 7/20/2026 at 10:54 AM, in Resident #89's room, revealed a nebulizer mask was uncovered, open to air, and laying on top of the bedside table. During an interview on 7/21/2026 at 8:09 AM, the Director of Nursing confirmed the nebulizer masks for Resident #51 and Resident #89 were not stored properly.		