STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	445146	A. Building B. Wing	06/09/2025

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Franklin Wellness and Rehabilitation Center	1287 West Main Street Franklin, TN 37064

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 0692 Level of Harm - Immediate jeopardy to resident health or safety Residents Affected - Few	Provide enough food/fluids to maintain a resident's health. **NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** Based on policy review, medical record review, observation, and interview, the facility failed to ensure residents maintained acceptable parameters of nutritional status, obtain admission weights, monitor weights, accurately assess residents for weight loss, and implement and monitor nutritional interventions for 7 of 11 (Resident #2, #15, #17, #32, #51, #52, and #158) sampled residents reviewed for nutritional status. The facility failed to accurately assess for weight loss and implement and monitor interventions to prevent severe weight loss for Resident #17, #32, and #52. The facility's failure to identify and address severe weight loss resulted in Immediate Jeopardy for Resident #17, #32, and #52. Resident #17 experienced severe weight loss of 25.9 percent (%) in 3 months, Resident #32 experienced severe weight loss of 27.2% in 3 months, and Resident #52 experienced severe weight loss of 9.41% in one month. Immediate Jeopardy (IJ) is a situation in which the provider's noncompliance with one or more requirements of participation has caused or is likely to cause serious injury, harm, impairment, or death to a resident. The Administrator, Director of Nursing (DON), Regional Director of Clinical Services, Wound Care Nurse, and [NAME] President (VP) of Reimbursement were informed of the Immediate Jeopardy on 6/4/2025 at 7:49 PM, in the Conference Room. The facility was cited Immediate Jeopardy at F-692. The facility was cited at F-692 at a scope and severity of J, which is Substandard Quality of Care. The Immediate Jeopardy for F-692 began on 2/11/2025 and continued through 6/6/2025. The Immediate Jeopardy was removed on 6/7/2025. An acceptable Removal Plan, which removed the immediacy of the jeopardy, was received on 6/6/2025 at 2:50 PM, and was validated onsite by the surveyors on 6/9/2025, through review of in-services, audits, and staff interviews conducted on all shifts. The facility's noncompliance at F-692 continues at a scope and severity of D for monitoring the effectiveness of the corrective actions. The facility is required to submit a Plan of Correction. The findings include: (continued on next page)

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE	TITLE	(X6) DATE

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F 0692 Level of Harm - Immediate jeopardy to resident health or safety Residents Affected - Few	1. Review of the facility's undated policy titled, Weight System, revealed Residents are weighed at admission, readmission .Weekly weights are completed for an additional 3 weeks (or longer if not stable) on the following .Admit .Readmit .Significant weight change of 5% [percent] or more in 1 month or less, 7.5% in 3 month or 10% in 6 months .Physician's orders .Residents are to be weighed on admission and re-admission. These weights are to be completed within 24 hours of admission/readmission. Weight (how obtained standing, lift or wheelchair) is to be recorded on the EMR [Electronic Medical Record] clinical record .Monthly weights .on all residents (including re-weighs) must be completed, and entered in the EMR, by the 10th of each month .Residents with a significant weight loss or gain (5%, 7.5% or 10% or more) will be placed on weekly weights x [times] 4 weeks or until weight is stable and no weight concerns are noted .If weight concerns .notify the RD [Registered Dietician] and continue the weekly weights until stable .All weight changes are considered unplanned unless the MD [Medical Doctor] has documented a plan for desired weight change and the facility has care planned PRIOR to the weight change occurring .A designated person(s) will be assigned to obtain weights for accuracy and consistency .DON .will review monthly and weekly weights prior to Weekly At-Risk Meeting .Request reweights on a resident's weekly weight if a change greater than 2% change and a residents monthly weight if greater than a 5%, 7.5% or 10% change is noted. DON .will .validate that monthly and weekly weights are recorded on the .medical record .monthly At-Risk Meeting should take place no later than the 15th of the month .Residents with significant weight loss . of 5% x 1 month will be weighed every week for four weeks .Significant weight changes .should be referred to the RD .or restorative as necessary to resolve weight concerns .Implement or request interventions as needed for residents with significant weight change at the weekly At-Risk Meeting .Care plan weight change and interventions .Review dietary intake of residents with significant weight change .Notify direct care staff of residents .DON or designee to notify the MD and resident representative of significant weight change and/or intervention in the EMR[electronic medical record .] 2. Review of the medical record revealed Resident #17 was admitted to the facility on [DATE], with diagnoses including Depression, Anxiety, Dysphagia, Lymphedema, Peripheral Vascular Disease, and Neuropathy. Review of Resident #17's admission weight dated 8/18/2023, revealed the resident weighed 239 pounds (Lbs) using a mechanical lift. The facility failed to weigh Resident #17 on admission. Review of the Care Plan dated 7/29/2024, revealed .NAS [no added salt] diet regular texture, thin liquids . Actual Weight Loss: Related to decreased caloric intake, increased metabolic needs, or lack of appetite . Resident will have no significant weight gain or significant weight loss through next review .encourage resident to consume meals/[and]fluids .RD to eval [evaluate] with recommendations .weigh per facility protocol .6/1/2025 .at nutritional risk r/t [related to] hx [history] of dysphagia [difficulty swallowing foods or liquids], morbid obesity, therapeutic diet, Hep [Hepatitis] C [Chronic Viral Infection of Liver], liver cirrhosis [liver damage] . The care plan was not revised until 6/1/2025, and did not include interventions for weight loss. Review of the annual Minimum Data Set (MDS) assessment dated [DATE], revealed the Brief Interview for Mental Status (BIMS) score was 14, indicating Resident #17 was cognitively intact. Additional information revealed Resident #17 weighed 245 pounds. (continued on next page)

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F 0692 Level of Harm - Immediate jeopardy to resident health or safety Residents Affected - Few	Review of the .Weights and Vitals Summary, revealed the following: a. 1/19/2025 285.5 Lbs (Wheelchair) b. 2/14/2025 283.0 Lbs (Mechanical lift) c. 3/4/2025 264.5 Lbs (Mechanical lift) d. 4/25/2025 211.5 Lbs (Wheelchair) e. 6/2/2025 212 Lbs (Wheelchair) Review of Resident #17's meal percentages revealed 7 instances of consumed 50% or less of meals. a. 3/10/2025 breakfast 0%-25% of meal eaten b. 3/29/2025 breakfast 26%-50% of meal eaten c. 4/26/2025 breakfast 26%- 50% of meal eaten d. 5/4/2025 breakfast 26%-50% of meal eaten e. 5/4/2025 lunch 26%-50% of meal eaten f. 5/4/2025 supper 26%-50% of meal eaten g. 5/18/2025 supper 26%-50% of meal eaten Review of the progress notes for Resident #17 revealed no documentation related to the meal percentage consumption. Review of the Nutrition assessment dated [DATE], revealed .weight 283 lbs .Significant wt [weight] gain . Some wt fluctuations .Rec'd [recommend] reweigh Review of the medical record revealed no documentation the facility implemented the RD's recommendation of a re-weight for Resident #17. Review of the Nutrition/Dietary Note dated 3/25/2025, revealed Resident #17's .Weight Note .Significant wt loss 18.5# [pounds] x 18 days . Wounds non - PI [non pressure injury] RT [right] lower shin, Venous RT distal, Medial, Calf, Mid leg, DTI [deep tissue injury] to RT 1st toe and left 1st toe per [Named Wound] notes. Recommend: 1. Weekly weights x [for] 4 [weeks] r/t significant wt fluctuations 2. Liquid protein 30 ml [milliliter] BID [twice a day] x 14 days for wounds . Review of the medical record revealed no documentation the facility implemented the RD's recommendation of weekly weights x 4 weeks or Liquid Protein 30 ml BID. Review of the medical record revealed Resident #17 lost a total of 74 Lbs from 1/19/2025 to 4/25/2025, which was a severe weight loss of 25.9% in 3 months. (continued on next page)

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F 0692 Level of Harm - Immediate jeopardy to resident health or safety Residents Affected - Few	Review of medical record revealed no nutrition or weight loss documentation for April 2025 or May 2025. Review of the quarterly MDS assessment dated [DATE], revealed a BIMS score of 15, indicating Resident #17 was cognitively intact. Additional information included Resident #17's weight was 212 pounds. No weight loss or gain was identified on the MDS. During an interview on 6/4/2025 at 2:23 PM, the Director of Nursing (DON) confirmed meal percentages less than 50% should be addressed in the resident's progress notes. The DON was asked if the Resident (#17) was offered alternatives and was Resident (#17) experiencing weight loss. The DON stated, .I have no idea . During an interview on 6/4/2025 at 3:55 PM, the DON was asked how often weights are obtained, who makes the weight list, and how they communicated the weight loss. The DON stated .there are monthly weights, admission weights and weekly .The RD gives us a list .I don't know who the significant weights are . I don't know how she calculates that list .she emails me a list of weights and recommendations maybe monthly, then I pass it on to the Medical Director . The DON was asked what she considers weight loss. The DON stated, I cannot answer that . The DON was asked when the weight meetings were held. The DON stated, We started the weight meetings 2 weeks ago .prior to that we did not have weight meetings . The DON was asked should hospital weights be documented as admission weights. The DON stated, .No, the hospital weight is not what we are supposed to use. The DON was asked what do you consider significant weight loss. The DON stated, I cannot answer .the RD kept up with that . The DON was asked if a physician order was required for weekly weights. The DON stated Yes. The DON was asked why Resident #17 was not assessed for excessive weight loss and have documentation (of the assessment) for the weight loss. The DON stated, I do not know but she should have been assessed for weight loss and the MD [Medical Director] should have been made aware . The DON was asked why the RD's recommendations from 3/25/2025 were not documented or initiated. The DON stated, .I wasn't aware of the RD recommendations for 3/25/2025 for weekly weights for 4 weeks or the supplement .I would have notified [Named Physician] .we should have put something into place .like I said we have only had weight meetings for the past 2 weeks . The DON was asked does the facility have an efficient weight loss system in place. The DON stated No. The DON was asked who is responsible for the weight loss in the facility. The DON stated, The DON. During an interview on 6/4/2025 at 6:10 PM, the RD was asked if Resident #17 had documentation for her excessive weight loss with interventions put into place for her significant weight loss. The RD stated, I do not know, but we should have documented [the weight loss] and put something into place and the MD should have been made aware . The RD was asked what her expectations were for her weight loss recommendations, and how often does she review the weights. The RD stated, .I send an email to the DON . I would expect the DON to inform the MD and to put my recommendation in immediately and if they don't agree with the recommendation, they could just talk to me .I look at the weights weekly in [Named EMR] . The RD was asked how she follows up on her recommendations. The RD stated, I try to follow up weekly, but we only started weight meetings 2 weeks ago . The RD was asked if she documented Resident #17's significant weight loss for April or May 2025. The RD stated, No. The RD was asked if the facility weight loss program was working. The RD stated, No, it isn't . (continued on next page)

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F 0692 Level of Harm - Immediate jeopardy to resident health or safety Residents Affected - Few	During an interview on 6/5/2025 at 9:30 AM, the MD was asked if she was notified of Resident #17's significant weight loss. The MD stated, No, I wasn't aware. The MD was asked what's your expectation of the facility with weights and nutrition monitoring. The MD stated, .to follow their policy and identify the weight loss, notify me of significant weight loss, and document the patient's medical condition in the electronic medical records .their progress notes are very limited, if you do it, document it . I'm not notified of a lot of different things . 3. Review of the medical record revealed Resident #32 was admitted to the facility on [DATE], with diagnoses including Parkinson's Disease, Dementia, Anxiety and Dysphasia. Review of the Care plan dated 2/10/2025, revealed .Actual Weight Loss: Related to decreased caloric intake, increased metabolic needs, or lack of appetite .Date Initiated .2/21/2025 .Interventions .Diet per md order . medication per md order .RD to eval [evaluate] with recommendations . Review of the .Nutritional Assessment, dated 2/11/2025, revealed .Weight: 141.5 .Recommend [named nutritional supplement] 90 ml TID [three times a day] . Review of the signed Order Review History Report, revealed . [named nutritional supplement] three times a day .Order Date 02/21/2025 . The order was not written for the nutritional supplement until 10 days after the RD recommendation. Review of the Nutrition/Dietary Note, dated 4/7/2025, revealed . Significant wt loss -25# (-17.7%) x 21 days . Recommend new weight to verify . Review of the medical record revealed no weights were documented for April 2025. Review of the .Nutritional Assessment, dated 5/16/2025, revealed .Weight: 102.5 . Review of the quarterly MDS assessment dated [DATE], revealed a BIMS score of 6 which indicated Resident #32 was severely cognitively impaired. Additional information included Resident #32's weight was103 pounds, with a weight loss of 5% or more in the last month or 10% or more in 6 months, and Resident #32 was not on a physician-prescribed weight loss regimen. Review of the .Weights and Vitals Summary, dated June 3, 2025, revealed: a. 2/11/2025 141.5 pounds (Lbs) (Hospital weight) b. 3/4/2025 116.5 Lbs (Standing) c. 5/1/2025 102.5 Lbs (Wheelchair) d. 5/12/2025 102.5 Lbs (Wheelchair) e. 5/21/2025 102.9 Lbs (Wheelchair) Weekly weights were not documented for the week of 2/17/2025, 2/24/2025 and 3/10/2025. (continued on next page)

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F 0692 Level of Harm - Immediate jeopardy to resident health or safety Residents Affected - Few	Review of the medical record revealed Resident #32 lost a total of 25 Lbs from 2/11/2025 to 3/4/2025, which was a severe weight loss of 17.6% in less than 1 month. Review of the medical record revealed Resident #32 lost a total of 14 Lbs from 3/4/2025 to 5/1/2025, which was a severe weight loss of 12% in less than 2 months. Review of the medical record revealed Resident #32 lost a total of 38.6 Lbs in 3 months, which was a severe weight loss of 27.2% and no additional weight loss interventions were implemented after the nutritional supplement was begun on 2/21/2025. The facility failed to obtain an admission weight, weekly weights, and monthly weights, failed to reweigh Resident #32 per the RD recommendation, failed to administer Med Pass until 10 days after the RD recommendation, and failed to implement nutritional interventions in March for the significant weight loss. During an interview on 6/4/2025 at 5:12 PM, the DON was asked if staff should use a hospital weight on admission. The DON stated, No. The DON was asked if there was a weight for Resident #32 for April 2025. The DON stated, No. The DON was asked if they would have noted the weight loss sooner if there would have been an April Weight. The DON stated, Yes. During an interview on 6/4/2025 at 6:59 PM, the RD stated, I put her [Resident #32] on weekly weights on 5/12/2025, assistance with meals, and [named nutritional supplement] with meals .the MD and staff are not really looking at recommendations .they should not use the hospital weight . During an interview on 6/9/2025 at 10:59 AM, the Administrator was asked if she was aware of the significant weight loss (Resident #32) at the facility. She stated, I didn't know it was significant . I didn't identify the weight loss as an issue. I was listening to the DON . 4. Review of the medical record revealed Resident #52 was admitted to the facility on [DATE], with diagnoses including Metabolic Encephalopathy, Chronic Obstructive Pulmonary Disease, and Respiratory Failure with Hypoxia. Review of the care plan dated 4/13/2025, revealed .Resident at nutrition risk .Date Initiated 4/14/2025 .Diet per md order Date Initialed 5/2/2025 . Review of the admission MDS assessment dated [DATE], revealed a BIMS score of 11, which indicated Resident #52 was moderately cognitively impaired. Resident #52 required partial to moderate assistance with meals and weighed 152 pounds. Review of the .Weights and Vitals Summary, revealed: a. 4/14/2025 152.9 Lbs (Hospital weight) b. 5/1/2025 138 Lbs (Wheelchair) c. 5/14/2025 138.5 Lbs (Wheelchair) d. 5/21/2025 138.9 Lbs (Wheelchair) (continued on next page)

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F 0692 Level of Harm - Immediate jeopardy to resident health or safety Residents Affected - Few	Weekly weights were not documented for the week of 4/21/2025 and the week of 5/5/2025. Review of the medical record revealed Resident #52 lost a total of 14.4 Lbs from 4/14/2025 to 5/14/2025, which was a severe weight loss of 9.41% in one month. The facility failed to implement nutritional interventions after Resident #52 experienced severe weight loss one month after admission to the facility. Observation in the Resident's room on 6/3/2025 at 7:52 AM, revealed Resident #52's breakfast on the over bed table next to the bed, the meal was not touched, and there was no one to assist the Resident with the meal. During an interview on 6/4/2025 at 5:12 PM, the DON was asked should a hospital weight be used as an admission weight. The DON stated, .they [facility staff] should not use a hospital weight and should be weighed on admission at the facility . The DON was asked, .Should Resident #52 have been weighed in April. The DON stated, Yes The DON stated that monthly weights are done the first week of the month and if a resident has weight loss it is done weekly. The DON was asked if she was aware Resident #52 was a significant weight loss. She stated, .152.9 [Lbs] on admit and 138 pounds . During an interview on 6/4/2025 at 6:10 PM, the RD stated that she put Resident #32 on weekly weights on 5/12/2025. During an interview on 6/4/2025 at 6:52 PM, the RD stated she recommended fortified foods for weight loss on 5/19/2025. The RD confirmed that her recommendation from 5/19/2025 had not been implemented. Review of the medical record revealed the RD's recommendation for fortified foods was not documented in the medical record and was not implemented according to the RD's recommendation. During an interview in the conference room on 6/5/2025, the MD confirmed that a hospital weight was not an accurate weight to use for an admission weight, she was not notified of the Resident's (#52) weight loss, there should have been a note or new orders for weight loss, and (Resident #52) should have weekly weights. The MD was asked what her expectations on weights were and how should staff follow up with weights. The MD stated .Follow the policy and notify me and if they see significant change either loss or gain, tell me what the plan is . 5. Review of the medical record revealed Resident #2 was admitted to the facility on [DATE], with diagnoses including Quadriplegia, Injury Cervical Spinal Cord, Anxiety, and Depression. Review of the admission MDS assessment dated [DATE], revealed a BIMS score of 15, which indicated Resident #2 was cognitively intact, and weighed 204 pounds. Review of the .Weights and Vitals Summary, dated 9/2/2024, revealed Resident #2's documented weight on 9/2/2024 was 204 Lbs (Hospital weight). On 9/12/2024 Resident #2 weighed 203.7 Lbs (Mechanical Lift). (continued on next page)

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F 0692 Level of Harm - Immediate jeopardy to resident health or safety Residents Affected - Few	Review of the Nutrition assessment dated [DATE], revealed .Most Recent Weight .204.0 [Lbs] .Date 9/2/2024 .Diet Type .Regular .based on hospital record 204# [pounds] .Obtain new wt [weight] measure . The facility failed to obtain an admission weight until 9/12/2024, 14 days after admission on [DATE]. 6. Review of the medical records revealed Resident #15 was admitted to the facility on [DATE], with diagnoses including Parkinson's Disease, Chronic Obstructive Pulmonary Disease, and Dysphagia. Review of Resident #15's admissions and .Weights and Vitals Summary, included the following: a. 8/20/2024 159 Lbs. Resident #15 was readmitted following a hospitalization on 8/16/2024 and weight was not obtained until 8/20/2024. b. 10/11/2024 114.4 Lbs. Resident #15 was readmitted following a hospitalization on 9/28/2024 and weight was not obtained until 10/11/2024. c. 3/6/2025 114.4 Lbs. Resident #15 was readmitted following a hospitalization on 3/2/2025 and weight was not obtained until 3/6/2025. d. readmission following hospitalization on 3/13/2025 and no weight was obtained. Review of the annual MDS assessment dated [DATE], revealed a BIMS score of 14, which indicated Resident #15 was cognitively intact. Additional information included Resident #15 had a feeding tube, and total calories received through parenteral, or tube feeding, was 51% or more. 7. Review of the medical record revealed Resident #51 was admitted to the facility on [DATE], with diagnoses including Fracture of the Left Femur, Neurologic Neglect Syndrome, and Dysphagia. Review of the .Weights and Vitals Summary, for Resident #51, revealed the following: a. admission date was 3/27/2025 and no weight was obtained b. 4/21/2025 161.7 Lbs (Hospital weight) c. 5/1/2025 1st weight obtained while in the facility was 143.8 Lbs (mechanical lift) d. 5/20/2025 132.8 Lbs (mechanical lift) Review of the Nutritional Assessment for Resident #51 dated 4/21/2025, revealed .Weight 161.7 .Hospital weight . Review of the RD Progress Note for Resident #51 dated 4/21/2025, revealed .Hospital weight 161.7 .new weight needed . (continued on next page)

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F 0692 Level of Harm - Immediate jeopardy to resident health or safety Residents Affected - Few	Review of the admission MDS assessment dated [DATE], revealed a BIMS score of 3, which indicated Resident #51 was severely cognitively impaired. Resident #51 needed partial to moderate assistance with meals. Resident #51's weight on the admission assessment was 143 pounds. Review of the medical record revealed Resident #51 was not weighed on admission to the facility. Resident #51 went out to the hospital on 4/3/2025 and was not weighed on readmission to the facility on 4/18/2025. Resident #51's first weight in the facility was 5/21/2025. During an interview on 6/4/2025 at 3:53 PM, the DON confirmed Resident #51 should have been weighed on admission and readmission from the hospital. 8. Review of the medical record revealed Resident #158 was admitted to the facility on [DATE], with diagnoses including Stage 2 Sacrum Pressure Ulcer, Metabolic Encephalopathy, and Urinary Tract Infection. Review of the .Weights and Vital Summary, dated 5/27/2025, revealed Resident #158 weighed 112.4 Lbs and the weight was obtained in a wheelchair. The facility failed to obtain an admission weight on Resident #158 until 5/27/2025, 3 days after admission on [DATE]. Review of the Nutrition assessment dated [DATE], revealed .Most Recent Weight .112.4 .Date 5/27/2025 . Will monitor nutrition parameters and f/u [follow up] as indicated . An acceptable Removal Plan, which removed the immediacy of the jeopardy, was received on 6/6/2025 at 2:50 PM, and was validated onsite by the surveyors on 6/9/2025, through review of in-services, audits, and staff interviews conducted on all shifts. 1. A comprehensive facility-wide audit of all residents was conducted on 6/5/2025 with the Interdisciplinary (IDT) At Risk Team. All residents with greater than (>) 5% weight loss in 30 days, 7.5% weight loss in 90 days, or >10% weight loss in 180 days were flagged. Eleven residents triggered for significant weight loss. Of those 11 residents, 7 residents had previously been identified and had interventions implemented. One resident had a desired weight loss (as documented by RD). Three new weight losses were identified. All three are expected weight losses. One resident lost due to improvement of significant edema and diuretic orders. The other two residents are currently receiving end of life services including hospice services. Identified residents were reviewed by the IDT team. Appropriate interventions were initiated for each identified at-risk resident, including weekly weights, labs, supplements, medication changes, physician notifications and RP notification as indicated. The surveyors confirmed this by record review and interview. (continued on next page)

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F 0692 Level of Harm - Immediate jeopardy to resident health or safety Residents Affected - Few	2. On 5/5/2025, the IDT Team identified that the weight scale was not weighing accurately. A PIP (Performance Improvement Plan) was put in place and the scale was recalibrated. On 5/22/2025 the IDT team determined the weights were still inaccurate. The IDT Team ordered a new weight scale on 5/22/2025. The new scale was delivered to the facility on 6/2/2025. Between 6/2/2025 and 6/5/2025 all residents were re-weighed for accurate weights. Accurate weights were reviewed by the IDT At Risk Team on 6/4/2025 and 6/5/2025. Policy Revision: Facility's weight monitoring and nutrition policy were reviewed with no changes made. The processes were reviewed, and the following changes were made: Two CNAs (Certified Nursing Assistants) were identified to obtain all weekly and monthly weights on Mondays and Tuesdays. Weights will be completed on new admissions upon admission and readmissions. Hospital weights will not be utilized. i. DON and RD will review the monthly and weekly weights prior to the weekly weight meeting on Wednesdays. ii. IDT At Risk Meeting will be conducted every Wednesday Staff Education: iii. On 6/4/2025 the Regional Director of Clinical Services conducted an inservice with the IDT Team to educate them on weight loss policy/processes to include admission/readmission weight process, assessing nutritional status and implementing pertinent nutritional interventions. The surveyors confirmed this by record review and interview. On 6/4/2025 all On Duty Licensed Nurses were educated by the Interim Assistant Director of Nursing regarding admission and readmission weight process. All off duty, to include PRN (as needed) or Agency, Licensed Nurses will receive this education prior to beginning their next shift. Newly hired Licensed Nurses will receive this education prior to working a shift. On 6/4/2025 at 9:30 PM, the Ad hoc (for a particular purpose) QAPI (Quality Assurance and Performance Improvement) Committee along with the Governing body held a meeting to include the Administrator, Director of Nursing, Medical Director (via Telephone), Interim Assistant Director of Nursing, RD, Regional Director of Clinical Services, VP (Vice-President) of Reimbursement (MDS), and Chief Operating Officer (COO) (Governing Body) to discuss the notification of the Immediate Jeopardy, review all findings, develop an action plan and monitoring. All were in agreement with the Plan of Correction. The Surveyors confirmed this by record review and interview. QA Audits: (continued on next page)

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F 0692 Level of Harm - Immediate jeopardy to resident health or safety Residents Affected - Few	DON or Interim ADON will review all new admission/readmissions weight records 3 times weekly x 3 weeks, then weekly for 4 weeks, then monthly for 3 months. Started 6/9/2025. Surveyors confirmed this by interview. The IDT will meet weekly on Wednesdays for review of admission/readmission weight process, assessing nutritional status and implementing pertinent nutritional interventions for identified residents. The Regional Director of Clinical Services and/or VP of Nutritional Services will be in attendance of IDT meetings weekly x 2, then monthly x 3 to ensure compliance. Meeting set for 6/11/2025. Surveyors confirmed this by interview The Maintenance Supervisor will ensure the scales are calibrated quarterly or more often if the IDT Team identifies possible inconsistencies. Reports will be submitted to the QAPI Committee quarterly for review. New scale will begin when due. Surveyors confirmed this by interview

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F 0698 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Some	Provide safe, appropriate dialysis care/services for a resident who requires such services. **NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** Based on facility policy review, medical record review, and interview, the facility failed to assess the residents' condition, monitor for complications, implement appropriate interventions, and maintain ongoing communication with the dialysis center for 2 of 2 (Resident #19 and #42) sampled residents reviewed for dialysis. The findings include: 1. Review of the undated facility policy titled, Hemodialysis Policy, revealed .This facility will provide the necessary care, treatment, consistent with professional standards of practice, physician orders, the comprehensive person-centered care plan .The facility will monitor for and identify changes in the resident's behavior that may impact the safe administration of dialysis before and after treatment .The licensed nurse will communicate to the dialysis facility .Nutritional/fluid management including documentation of weights, resident compliance with food/fluid restrictions .and monitoring intake and output measurements as ordered . The nurse will monitor and document the status of the resident's access site(s) upon return from the dialysis treatment to observe for bleeding or other complications. The facility will communicate with dialysis facility, attending physician and/or nephrologist any significant weight changes, nutritional concerns, medication administration or withholding of certain medications prior to the dialysis treatment and document such orders . The facility will ensure that the physician's orders include the type of access for dialysis .any fluid restriction if ordered by the physician. The nurse will ensure that the dialysis access site .is checked before and after dialysis treatment and every shift for patency by auscultating for a bruit and palpating for a thrill . 2. Review of the medical record revealed Resident #19 was admitted to the facility on [DATE], with diagnoses including Diabetes, Dependence on Renal Dialysis, Viral Hepatitis, Alcohol induced Pancreatitis, and Blindness Right Eye. Review of the quarterly Minimum Data Set (MDS) assessment dated [DATE], revealed a Brief Interview for Mental Status (BIMS) score of 15 which indicated Resident #19 was cognitively intact and required Dialysis. Review of the Care Plan dated 6/11/2024, revealed Resident #19 was care planned for .has dialysis at [Named Dialysis facility] .on Mon [Monday] .9/22/2023 at risk for fluid imbalance r/t [related to] fluid restriction, hemodialysis, ESRD [End Stage Renal Disease] and viral hepatitis . (continued on next page)

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F 0698 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Some	Review of the physician orders revealed Resident #19 had an order to .12/4/2023 monitor left arm shunt site for: Bruit and thrill-if not present notify MD, two times a day related to END STAGE RENAL DISEASE . 9/13/2024 Send completed dialysis communication sheet/packet with resident upon departure .3/26/2024 Remove pressure dressing per LEFT ARM AV [arteriovenous-an irregular connection between an artery and a vein] fistula dialysis access site, one time a day every Wed [Wednesday], Fri [Friday], Sun [Sunday] for post-dialysis tx [treatment]. May reapply if bleeding noted .7/19/2024 Send resident to dialysis with appropriate meal/snack if their chair time overlaps a mealtime .one time a day every Mon, Wed, Fri for Dialysis .Dialysis [is a?lifesaving treatment?for individuals with kidney failure or end-stage kidney disease. It helps remove excess fluid and waste products from the blood when the kidneys can no longer perform these functions naturally].at [Named Dialysis Facility] on Mon, Wed, Fri with 7am [7:00 AM] chair time .6/10/2024 Obtain vital signs prior to dialysis and after return from dialysis, two times a day every Mon, Wed, Fri . 12/4/2023 No blood pressure or venipuncture per left arm every shift for dialysis shunt left arm . Review of the medical record revealed Resident #19 had Dialysis Communication forms dated 1/17/2025, 1/20/2025 (incomplete),1/27/2025 and an incomplete Pre/Post Dialysis Communication Report form done on 1/15/2025 and 5/9/2025. Review of the dialysis communication book revealed Resident #19 had an incomplete Pre/Post Dialysis Report dated 2/12/2025. Review of the February 2025 Medication Administration Record (MAR) revealed the facility failed to obtain 4 of 24 opportunities to monitor vitals signs prior to or after dialysis treatment. Review of the March 2025 MAR revealed the facility failed to obtain 8 of 26 opportunities to monitor vitals signs prior to or after dialysis treatment. Review of the April 2025 MAR revealed the facility failed to obtain 3 of 26 opportunities to monitor vitals signs prior to or after dialysis treatment. During an interview on 6/2/2025 at 1:58 PM, Registered Nurse (RN) N was asked where the dialysis communication book was, and RN N was unable to locate the book. The communication sheets for the past 90 days were requested, and the facility was unable to provide any additional sheets. 3. Review of the medical record revealed Resident #42 was admitted to the facility on [DATE] and re-admitted on [DATE], with diagnoses including End Stage Renal Disease, Diabetes Mellitus, Renal Dialysis, and Hypertension. Review of the Nutritional Dietary/Notes dated 2/3/2025, revealed the Registered Dietician (RD) recommended a fluid restriction of 1200 milliliters (ml) a day. The facility was unable to provide documentation regarding the recommended fluid restriction for Resident #42. Review of the physician's orders dated 3/1/2025, revealed Resident #42 had an order for dialysis on Monday, Wednesday, and Friday. (continued on next page)

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F 0698 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Some	Review of the quarterly MDS assessment dated [DATE], revealed a BIMS score of 15, which indicated Resident #42 was cognitively intact. Resident #42 required set up for eating, substantial assistance with bed mobility and transfers, and was coded for a diabetic diet and dialysis. The facility was unable to provide documentation of the Permcath [a device used for hemodialysis] access site monitoring for March 2025, April 2025, and May 2025. Review of the Care Plan for Resident #42 dated 6/1/2025, revealed .Access site located on right upper chest, observe access site for complications such as s/s [sign and symptoms] of infection, no bruit thrill, s/s of bleeding and report immediately . Resident is at risk for fluid restriction per md order . Fluids divided up between disciplines during day by recommendation of RD . Obtain report from dialysis clinic such as paperwork . The facility was unable to provide documentation of verbal or written communication for Resident #42 with dialysis clinic. During a telephone interview on 6/3/2025 at 10:27 AM, the Clinical Nurse Manager for Dialysis Clinic EE was asked if she received a pre-weight on Resident #42 or any communication when Resident #42 came to her dialysis appointments. The Clinical Nurse Manager stated, No .there has never been any pre-weights sent with [named Resident #42] and [I] have not seen a facility dialysis communication sheet. During an interview on 6/4/2025 at 1:54 PM, Licensed Practical Nurse (LPN) M confirmed that Resident #42 was not on a fluid restriction. During an interview on 6/5/2025 at 12:03 PM, the RD was asked do you know if Resident #42's fluid restriction recommendation was implemented. The RD stated, No, a lot of my recommendations don't get implemented. The RD was asked if it was her responsibility to follow up to see why a recommendation was not implemented. The RD stated, Yes, but I don't have time to follow up on all my recommendations. When it is not done, I assume the nurses know more than me. The RD was asked if she had talked with the RD at the dialysis clinic. The RD stated, I have not. The RD was asked should you have communicated with the RD at the dialysis clinic. The RD stated, Of course I should have communicated with the RD. The RD was asked if there should be pre and post dialysis weights done at the facility. The RD asked, .is it being done. During an interview on 6/5/2025 at 2:13 PM, the Director of Nursing (DON) was asked if a fluid restriction was recommended for a dialysis resident, should it be implemented. The DON stated, Yes, it should. The DON was asked what the process was for implementing the RD recommendations. The DON stated, They [RD recommendations] are emailed to me, and I passed on to the Medical Director (MD), [the] MD would approve the recommendation. The DON was asked if the nurses should assess the dialysis site after dialysis and document its findings for Resident #42. The DON stated, Yes, and it should be a part of their assessment. The DON was asked if the facility policy was followed. The DON stated, No, it was not. (continued on next page)

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F 0698 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Some	During an interview on 6/5/2025 at 3:27 PM, the DON was asked does the nurse provide a pre-weight to the dialysis clinic. The DON stated, Currently we do not send any weight documentation to the dialysis clinic. The DON was asked should the nurse obtain and communicate Resident #42's pre-weight to the dialysis clinic. The DON stated, Yes, we should have a dry weight on the resident.

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F 0761 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Ensure drugs and biologicals used in the facility are labeled in accordance with currently accepted professional principles; and all drugs and biologicals must be stored in locked compartments, separately locked, compartments for controlled drugs. **NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** Based on facility policy review, medical record review, and interview, the facility failed to ensure medications were stored and administered safely when medications were left unattended in resident's room during medication administration for 1 of 6 (Resident #5) residents reviewed. The findings include: 1. Review of the undated facility policy titled, Medication Storage, revealed, .It is the policy of this facility to ensure all medications housed on our premises will be stored in the pharmacy and/or medication rooms according to the manufacturer's recommendations and sufficient to ensure proper sanitation, temperature, light, ventilation, moisture control, segregation, and security .1. General Guidelines .c. During a medication pass, medications must be under the direct observation of the person administering medications or locked in the medication storage area/cart . Review of the facility's undated policy titled, Medication Administration, revealed, .Medications are administered by license nurses, or other staff who are legally authorized to do so in this state, as ordered by the physician and in accordance with professional standards of practice, in a manner to prevent contamination or infection .15. Observe resident consumption of medication . 2. Review of the medical record revealed Resident #5 was admitted to the facility on [DATE] with readmission on [DATE], with diagnoses including Unspecified Injury at C7 Level of Cervical Spinal Cord, Quadriplegia, Post Traumatic Stress Disorder, Cognitive Communication Deficit, Depression, and Anxiety. Review of the Quarterly Minimum Data Set (MDS) assessment dated [DATE], revealed Resident #5 scored a 15 on the Brief Interview for Mental Status (BIMS) assessment, which indicated Resident #5 was cognitively intact. Further review revealed Resident #5 received antianxiety, antidepressant, anticonvulsant, and opioid medications. Review of the physician orders for Resident #5 dated 5/2/2024, revealed, .Oxycodone HCL [Hydrochloride] [A type of semi-synthetic opioid agonist used to relieve moderate to severe pain] oral tablet 15 mg [milligrams] Give 30 mg by mouth every 4 hours as needed for pain scale 9-10 . Review of the Previous Assistant Director of Nursing (ADON) Q's signed statement dated 9/10/2024, revealed .On this date resident (Resident #5) reported to me that a night nurse attempted to give her the wrong pain medication .Resident states that (RN [Registered Nurse]) A then exited the room leaving her medications on her overbed table .Resident left the medication on her table for me to view upon entrance to the building . (continued on next page)

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F 0761 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Review of a Detail of Complaint, statement for Resident #5 dated 9/11/2024, revealed .On the date of 9/10/2024 [Previous ADON Q] was called to the room of resident [Resident #5]. Upon entering resident's room, the resident stated that she had not received the correct Pain medication this morning. Resident stated the night shift nurse came into my room at 0600 [6:00 AM] this morning to give me my medication. She was trying to hurry me up to take my medications. I told the nurse that I must wake up before I can take medications. Then the nurse set the medication cup on the bedside table and left the room. When I looked in the cup, I noticed I had two pills that I wasn't supposed to take. I asked for the nurse to return to my room on 3 separate occasions and she never returned. I left the medication cup on the bedside table for the ADON to see . During a phone interview on 6/4/2025 at 2:19 PM, Previous ADON Q stated that Resident #5 had reported to her on 9/10/2024 that RN A had left her 6:00 AM medications in her room sitting on top of her bedside table for her to take at a later time. Previous ADON Q confirmed that she observed medications in a medication cup sitting on top of Resident #5's bedside table. Previous ADON Q stated, She had kept the pills for me to look at. Previous ADON Q stated, They (nurses) are not supposed to leave meds (medications) with patients. They are supposed to watch them take their meds, not leave them sitting in a cup. During an interview on 6/4/2024 at 3:03 PM, the Director of Nursing (DON) stated that when administering medications to residents, the nurse should Make sure they [residents] take their meds. They should not be left at the bedside for any reason.

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F 0812 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Some	Procure food from sources approved or considered satisfactory and store, prepare, distribute and serve food in accordance with professional standards. Based on policy review, kitchen sanitation logs, observation, and interview, the facility failed to ensure food was stored, handled, prepared, and served under sanitary conditions when the facility failed to complete the food temperature log, dish washer temperatures, test the sanitizing solution level of the low temperature dishwasher three times a day, and when expired foods were found in the Emergency Food Supply. The facility had a census of 57 with 57 of those residents receiving a tray from the kitchen. The findings include: 1. Review of the undated facility policy titled, Record of Food Temperatures, revealed .It is the policy of this facility to record temperatures daily to ensure food is at the proper serving temperature(s) before trays are assembled .Food temperatures will be checked on all items prepared in the dietary department .Measure and record the temperatures foreach food product .at all meals. Record temperature on temperature log . Review of the facility policy titled, Food Safety Requirements, dated 10/5/2020, revealed .It is the policy of this facility to ensure dishes and utensils are cleaned under sanitary conditions through adequate dishwasher temperatures .All items cleaned in the dishwasher will be washed in water that is sufficient to sanitize any and all items .Manufacturers' instruction shall be followed for machine washing and sanitizing .For low temperature dishwashers (chemical sanitization) .The was temperature shall be 120 F [Fahrenheit] .The sanitizing solution shall be 50ppm [parts per million] hypochlorite [chlorine] on dish surface in final rinse . Chemical solutions shall be maintained at the correct concentration .at least once per shift .Results of concentration checks shall be recorded .Water temperatures shall be measured and recorded prior to each meal . Review of the facility's undated policy titled, Emergency Food Supply, revealed .It is the policy of this facility to establish procedures to ensure that food is available for residents, staff and volunteers in the case of emergency .The Dietary Manager shall maintain a 3 day supply of nonperishable foods .The emergency food is rotated/replenished every six months . 2. Review of the Food Temperature Log . dated April 2025, revealed the facility failed to log food temperatures on all three meals on the following dates: 4/9/2025, no temperatures were checked for supper. 4/11/2025, no temperatures were checked for supper. 4/12/2025, no temperatures were checked for supper. 4/13/2024, no temperatures were checked for supper. 4/18/2025, no temperatures were checked lunch. 4/22/2025, no temperatures were checked for supper. (continued on next page)

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F 0812 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Some	4/23/2025, no temperatures were checked for supper. 4/24/2025, no temperatures were checked for supper. 4/25/2025, no temperatures were checked for lunch and supper. 4/28/2025, no temperatures were checked for supper. 4/29/2025, no temperatures were checked for supper. 3. Review of the DISH MACHINE LOG . sanitation log dated April 2025, revealed dish machine temperature checks and sanitizer testing with a chemical strip was to be tested at breakfast, lunch, and supper, and initialed as being completed. Review of the sanitation log failed to reflect the completion of all the breakfast, lunch, and supper dish machine temperature checks and sanitizer checks, with staff initials on 4/11/2025, 4/25/2025, 4/28/2025, 4/29/2024, and 4/30/2025. Review of the DISH MACHINE LOG . sanitation log dated May 2025, revealed dish machine temperature checks and sanitizer testing with a chemical strip was to be tested at breakfast, lunch, and supper, and initialed as being completed. Review of the sanitation log failed to reflect the completion of all the breakfast, lunch, and supper dish machine temperature checks and sanitizer checks, with staff initials on 5/9/2025, 5/12/2025, 5/17/2025, 5/18/2024, 5/23/2025, 5/26/2025, 5/30/2025, and 5/31/2025. Observation and interview at the Emergency Food Supply Storage Area on 6/4/2025 at 10:00 AM, revealed the following: a. 24 cans of pureed chicken with a best by date of December 22, 2022. b. 12 packets of apple juice with best by date of December 30, 2022. c. 4 bags of dry, corn cereal with best by date of February 1, 2024. d. 4 bags of dry rice cereal with best by date of February 28, 2024. e. 8 packets of Chicken Gravy with best by date of March 2024. f. 6 cans of pulled chicken with a best by date of March 23, 2024. g. 6 cans of Chili with a best by date of January 22, 2025. h. 1 bag of Nonfat dry milk 50 pounds with best by date of February 23, 2025. i. 6 cans of Carrots with best by date of April 2025. j. 6 cans of Tuna light with best by date of May 5, 2025. (continued on next page)

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F 0812 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Some	The Dietary Manager (DM) confirmed he had not been out to check on the emergency food in 3 months. The Registered Dietician (RD) confirmed the facility didn't have an ample supply of the 3-day emergency supply and stated, .this is sad .that means the dietician before me didn't do anything .we are in trouble . During an interview on 6/4/2025 at 3:09 PM, the RD and DM confirmed meal temperatures should be taken before each meal, and the dish wash temperature should be taken and the sanitizer checked before each wash three times a day. During an interview on 6/5/2025 at 2:39 PM, the Administrator confirmed meal temperatures should be taken before each meal, dish wash temperature should be taken before each meal with the sanitizer three times a day and the facility should not have expired foods.

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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. Based on facility policy review, medical record review, observation, and interview, the facility failed to provide a safe, sanitary, and comfortable environment to help prevent the development and transmission of communicable diseases and infections for 1 of 1 (Resident #258) resident on Transmission Based Precautions. The findings included: 1. Review of the facility policy titled Infection Prevention and Control Program, dated 1/24/2025, revealed . The facility has established and maintains an infection prevention and control program designed to provide safe, sanitary, and comfortable environment and to help prevent the development and transmission of communicable diseases and infections as per accepted national standards and guidelines .All staff are responsible for following all policies and procedures related to the program .All staff shall use personal protective equipment (PPE) according to the established facility policy governing the use of PPE .Isolation Protocol (Transmission-Based Precautions) . 2. Review of the medical record revealed Resident #258 was admitted to this facility on 5/29/2025, with diagnoses including Cerebral Infarction, Diabetes, and Clostridium Difficile. Review of the medical record revealed Resident #258 was a new admission and the Minimum Data Set was not yet due or completed. Review of the undated Care Plan revealed Resident #258 .has C [clostridium] Difficile . Review of the Order Review History Report dated 5/4/2025-6/4/2025, revealed Resident #258 had an order for Contact Isolation (related to r/t) Clostridium Difficile (C-Diff) every shift for 10-Days. Review of the May 2025 Medication Administration Record revealed .in single room isolation alone every shift. Resident receives all services in room during isolation period . Observation in Resident #258's room on 6/3/2025 at 8:06 AM, revealed Certified Nurse Assistant (CNA) Y entered the room and failed to don a gown and gloves. Observation in Resident #258's room on 6/3/2025 at 8:16 AM, revealed CNA Y donned a gown and no gloves, brought in additional food items, and set them up on the overbed table. Observation in Resident #258's room on 6/03/2025 at 08:38 AM, revealed CNA X picked up food tray from the Contact Isolation room without PPE, removed the food and placed the food tray on cart in the hallway. Once the trays on the hall were collected the cart was pushed into the Dining Room and left unsupervised. There was no distinction made between the isolation tray and non-isolation trays. During an interview on 6/5/2025 at 3:22 PM, Licensed Practical Nurse (LPN), Wound Care Certified (WCC))/Infection Preventionist (IP) was asked if there were any provisions in place for trays in the Contact Isolation rooms. The WCC/IP stated they handle those trays just like the other trays because the cleaning process will kill those organisms. The WCC/IP was asked what should be worn by staff when they enter a Contact Isolation room. He stated a gown and gloves should be worn, and no one should enter the room without a gown and gloves. (continued on next page)

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	445146	A. Building B. Wing	06/09/2025

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Franklin Wellness and Rehabilitation Center	1287 West Main Street Franklin, TN 37064

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	During an interview on 6/5/2025 at 3:30 PM, the Director of Nursing (DON)was asked what PPE should be worn by staff when they enter Contact Isolation rooms. The DON stated, They should wear gown and gloves. When asked how they should handle the food trays in Contact Isolation rooms, the DON stated, This is the first facility that I have been to that doesn't use disposable trays. The DON confirmed the best practice would be for the staff to use disposable trays going forward with residents on Contact Isolation.