

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 445172	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 09/17/2025
NAME OF PROVIDER OR SUPPLIER Smith County Health and Rehabilitation		STREET ADDRESS, CITY, STATE, ZIP CODE 112 Health Care Dr Carthage, TN 37030	

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 0757 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Ensure each resident's drug regimen must be free from unnecessary drugs. (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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<p>F 0757</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** Based on policy review, medical record review, and interview, the facility failed to document indications for medication use for 2 of 5 (Residents #2 and #23) sampled residents reviewed for unnecessary medications. Based on policy review, medical record review, and interview, the facility failed to document indications for medication use for 2 of 5 (Residents #2 and #23) sampled residents reviewed for unnecessary medications. The findings include: 1. Review of the facility policy titled, Medication Orders, dated 2/4/2025, revealed .This facility shall use uniform guidelines for the ordering of medication.Elements of the Medication Order.Diagnosis or indication for use.PRN (as needed orders should also specify the condition, for which they are being administered. Review of the facility policy titled, Use of Psychotropic Medication, dated 6/12/2025, revealed . Residents are not given psychotropic drugs unless the medication is necessary to treat a specific condition.A psychotropic drug is any drug that affects brain activities associated with mental processes and behavior.The indication for use of any psychotropic drug will be documented in the medical record. 2. Review of the medical record revealed Resident #2 was admitted [DATE], to the facility with diagnoses including Hemiplegia, Diabetes, Depression, Dementia, Bipolar Disorder, Hypertension, and Anxiety. Review of the quarterly Minimum Data Set (MDS) assessment dated [DATE], revealed a Brief Interview for Mental Status (BIMS) was not completed due to Resident #2 was severely cognitively impaired. Resident #2 received insulin, antipsychotic, antidepressant, opioid, antiplatelet, hypoglycemic, and anticonvulsant medications. Review of the Physician's Orders dated 12/10/2024, revealed the following medications without an indication for use. a. Aspirin [used to treat heart conditions] .tablet .chewable .81 mg [milligram] .1 .oral .Once A Day . b. Lantus U-100 Insulin [used to treat high blood glucose] .15 Units .subcutaneous [below the skin] .At Bedtime . Review of the Physician's Order dated 7/9/2025, revealed the following medication without an indication for use. Risperidone [used to treat depression] .tablet .1 mg .amount .1.5mg .At bedtime . Review of the Physician's Order dated 8/4/2025, revealed the following medication without an indication for use. MiraLAX [used to treat constipation] .powder .17 gram/dose .17 gram .oral .Once A Day . During an interview on 9/17/2025 at 10:46 AM, the Director of Nursing (DON) confirmed Resident #2's medications did not have an indication for use and confirmed every medication order should have the diagnosis or the reason for use. 3. Review of the medical record revealed Resident #23 was admitted to the facility on [DATE], with diagnoses including Chronic Obstructive Pulmonary Disease, Bipolar Disorder, Delusional Disorders, Depression, Anxiety, and Neuropathy. Review of the quarterly MDS assessment dated [DATE], revealed a BIMS score of 13, which indicated Resident #23 was cognitively intact. Resident #23 received antianxiety, antidepressant, anticoagulant, diuretic, and opioid medications. Review of the Physician's Orders dated 5/19/2025, revealed the following medications without an indication for use. a. Ativan [used to treat anxiety].0.5mg.1 tab [tablet].twice a day. b. Remeron [used to treat depression] .15mg .administer 7.5mg with meals . every day. c. Clonidine [used to treat high blood pressure].0.1mg.1 tablet.twice a day . d. Trazodone [used to treat depression].100mg.1 tablet.at bedtime.every day. e. Lipitor [used to treat high cholesterol].40mg.1 tablet.at bedtime.every day. f. Promethazine [used to treat nausea].25mg/ml [milliliter] .1 [ml] .as needed. g. Promethazine.25mg.1 tablet.as needed .every 4 hours. During an interview on 9/16/2025 at 4:18 PM, the DON confirmed Resident #23's medications did not have an indication for use and confirmed that all medications should have a diagnosis or indication for use.</p>		

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<p>F 0812</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Some</p>	<p>Procure food from sources approved or considered satisfactory and store, prepare, distribute and serve food in accordance with professional standards.</p> <p>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** Based on policy review, emergency menu review, observation, and interview, the facility failed to ensure the emergency food supply was completely stocked to accurately reflect the emergency menu. The facility had a census of 84 with 83 residents receiving a meal tray. The findings include: Review of the undated facility policy titled, Emergency Preparedness 2025, revealed .Review your current emergency stock levels to ensure adequate product is on hand. Review of the Emergency Menu Guide for No Electricity, dated 3/2025, revealed .Day 1 Breakfast.Juice.crackers.peanut butter. Day 2 Breakfast.Juice.corn beef hash.Day 3 Breakfast.Juice.crackers.peanut butter .Day 1 Lunch.Beef Stew.cookies.Day 2 Lunch.crackers.cookies. Day 3 Lunch.beets.cookies.Day 1 Dinner.Ravioli.Day 2 Dinner .Sloppy [NAME]. During an observation and interview on 9/16/2025 at 4:04 PM, revealed the Dietary Manager confirmed the facility failed to have emergency food supply stock for the following items: a. juice b. crackers c. peanut butter d. beef stew e. corn beef hash f. beets g. sloppy joe h. ravioli During an interview on 9/17/2025 at 9:57 AM, the Dietary Manager was asked should the emergency food supply be fully stocked. The Dietary Manager stated, .we did not have the items. During an interview on 9/17/2025 at 10:27 AM, the Administrator confirmed the emergency food supply should be fully stocked.</p>		