STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	445173	A. Building B. Wing	03/12/2025

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Donalson Care Center	1681 Winchester Highway Fayetteville, TN 37334

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 0550 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Honor the resident's right to a dignified existence, self-determination, communication, and to exercise his or her rights. **NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 51734 Based on facility policy review, medical record review, observations, and interview, the facility failed to ensure medical information was not visible for 2 residents (Resident #34 and Resident #57) of 83 residents observed for dignity. The findings include: Review of the facility's policy titled, Promoting/Maintaining Resident Dignity, dated 1/2025, revealed .It is the practice of this facility to protect and promote resident rights and treat each resident with respect and dignity . Maintain resident privacy . Review of the medical record revealed Resident #34 was admitted to the facility on [DATE] with diagnoses including Parkinson's Disease, Dementia, and Adult Failure to Thrive. Review of a quarterly Minimum Data Set (MDS) assessment dated [DATE], revealed Resident #34 had severe cognitive impairment. Review of the comprehensive care plan dated 3/01/2025 for Resident #34 revealed no evidence the resident or the resident's representative requested for signage to be posted in the resident's room. During an observation on 3/10/2025 at 9:36 AM, in Resident #34's room, revealed Resident #34 lying in bed with a handwritten sign posted above the television which read, .2-13-25 [2025] .No Briefs to [Resident #34] D/T [due to] groin . Further observation revealed the sign was visible to anyone that entered the room. During an observation on 3/11/2025 at 7:51 AM, in Resident #34's room, revealed Resident #34 lying in bed with a handwritten sign posted above the television which read, .2-13-25 [2025] .No Briefs to [Resident #34] D/T groin . Further observation revealed the sign was visible to anyone that entered the room. During an observation on 3/12/2025 at 8:15 AM, in Resident #34's room, revealed Resident #34 lying in bed with a handwritten sign posted above the television which read, .2-13-25 [2025] .No Briefs to [Resident #34] D/T groin . Further observation revealed the sign was visible to anyone that entered the room. (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

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	445173	A. Building B. Wing	03/12/2025

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Donalson Care Center	1681 Winchester Highway Fayetteville, TN 37334

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 0550 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Review of the medical record revealed Resident #57 was admitted to the facility on [DATE] and readmitted on [DATE] with diagnoses including Dementia, Diabetes, and Anxiety. Review of a quarterly MDS assessment dated [DATE], revealed Resident #57 scored a 6 on the Brief Interview for Mental Status (BIMS) assessment which indicated the resident had severe cognitive impairment. Review of the comprehensive care plan dated 3/01/2025 for Resident #34 revealed no evidence the resident or the resident's representative requested for signage to be posted in the resident's room. During an observation on 3/10/2025 at 9:39 AM, in Resident #57's room, revealed Resident #57 lying in bed with a handwritten sign posted above the television which read, .1-24-25 [2025] .We are going back to [medicated cream] to [Resident #57's] Buttocks. Please wash skin gently . Further observation revealed the sign was visible to anyone that entered the room. During an observation on 3/11/2025 at 7:54 AM, in Resident #57's room, revealed Resident #57 lying in bed with a handwritten sign posted above the television which read, .1-24-25 .We are going back to [medicated cream] to [Resident #57's] Buttocks. Please wash skin gently . Further observation revealed the sign was visible to anyone that entered the room. During an observation on 3/12/2025 at 9:41 AM, in Resident #57's room, revealed Resident #57 lying in bed with a handwritten sign posted above the television which read, .1-24-25 .We are going back to [medicated cream] to [Resident #57's] Buttocks. Please wash skin gently . Further observation revealed the sign was visible to anyone that entered the room. During an interview on 3/12/2025 at 10:14 AM, the Director of Nursing (DON) confirmed the signs for Resident #34 and Resident #57 was posted by the staff (not requested by the family representative) and was visible to anyone that entered the room. The DON confirmed the facility failed to maintain the residents' dignity and privacy.

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	445173	A. Building B. Wing	03/12/2025

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Donalson Care Center	1681 Winchester Highway Fayetteville, TN 37334

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 0644 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Coordinate assessments with the pre-admission screening and resident review program; and referring for services as needed. **NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 50480 Based on facility policy review, medical record review, and interview, the facility failed to resubmit a Pre-Admission Screening and Resident Review (PASRR) to include a new mental health diagnosis for 2 residents (Resident #59 and #18) of 4 residents reviewed for PASRR. The findings include: Review of the facility's policy titled, Resident Assessment-Coordination with PASARR Program, dated 1/2025, revealed .The facility coordinates assessments with the preadmission and resident review (PASARR) program .to ensure that individuals with a mental disorder .or a related condition receives care and services .Any resident who exhibits a newly evident or possible serious mental disorder .or related condition will be referred promptly to the state mental health or intellectual disability authority for a level II resident review . Review of the medical record revealed Resident #59 was admitted to the facility on [DATE] with diagnoses including Depression, Anxiety, Insomnia, and Diabetes. Review of a PASRR Level 1 screen outcome for Resident #59 dated 7/27/2023, revealed the resident had 3 mental health conditions diagnosed which included Major Depression, Anxiety Disorder, and Depression Situational. Further review of the PASRR Level 1 screen outcome revealed the resident did not have a neuro cognitive disorder. Review of the medical record revealed Resident #59 was diagnosed with Neurocognitive Disorder with Lewy Bodies (disorder which affects nerve cells in the brain) on 1/12/2024. Review of the medical record revealed Resident #59 was diagnosed with a new mental health condition (Paranoia) on 6/26/2024. Review of the medical record revealed Resident #59 was diagnosed with a new mental health condition (Delusional Disorders) on 11/7/2024. Review of a quarterly Minimum Data Set (MDS) assessment for Resident #59 dated 2/25/2025, scored a 10 on the Brief Interview for Mental Status (BIMS) assessment which indicated the resident had moderate cognitive impairment. Further review of the quarterly MDS assessment revealed Resident #59 had Neurocognitive Disorder with Lewy Bodies and had Psychotic Disorder. During a record review and interview on 3/12/2025 at 9:30 AM the Social Services Director (SSD) stated the Level 1 screen outcome for Resident #59 dated 7/27/2023, was the most recent referral to the state designated PASRR agency. During further interview the SSD confirmed the facility failed to refer Resident #59 to the state designated agency for PASRRs after a new neuro cognitive disorder and new mental health conditions were diagnosed . 41782 (continued on next page)

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	445173	A. Building B. Wing	03/12/2025

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Donalson Care Center	1681 Winchester Highway Fayetteville, TN 37334

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 0644 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Review of the medical record revealed Resident #18 was admitted to the facility on [DATE] with diagnoses including Neurocognitive Disorder with Lewy Bodies, Dementia, and Vascular Disease. Review of a PASRR Level 1 screen outcome for Resident #18 dated 2/12/2021, revealed the resident had 1 mental health condition diagnosed (Major Depression). Review of the medical record revealed Resident #18 was diagnosed with a new mental health condition (Panic Disorder) on 7/14/2021. Review of the medical record revealed Resident #18 was diagnosed with a new mental health condition (Anxiety Disorder) on 10/1/2021. Review of a quarterly MDS assessment dated [DATE], revealed Resident #18 scored a 15 on the BIMS assessment which indicated the resident was cognitively intact and exhibited no behavioral symptoms. Further review revealed the resident had Anxiety Disorder and Psychotic Disorder. Review of a PASRR Level 1 screen outcome for Resident #18 dated 3/10/2025, revealed the resident did not have a diagnosed mental health condition and the resident did not have diagnosis of dementia/neurocognitive disorder. During an interview on 3/12/2025 at 8:44 AM, the SSD stated she was responsible for submitting PASRRs. The SSD stated she resubmitted a PASRR on 3/10/2025 for Resident #18 to include the addition of medications. The SSD stated she added the medications but .could not figure out how to add diagnoses . on the PASRR dated 3/10/2025. The SSD stated the diagnosis of Anxiety was added 10/1/2021. The SSD stated the PASARR dated 2/12/2021 included diagnoses of Major Depression and Dementia. The SSD confirmed the PASRR should have been resubmitted after the new diagnosis of Anxiety was added on 10/1/2024. The SSD confirmed Panic Disorder was added 7/14/2021. The SSD confirmed the PASRR had not been resubmitted to include the new diagnoses of Panic Disorder or Anxiety Disorder. The SSD stated PASRR's were to be resubmitted .as soon as she finds out about a new diagnosis .

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	445173	A. Building B. Wing	03/12/2025

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Donalson Care Center	1681 Winchester Highway Fayetteville, TN 37334

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 0684 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Provide appropriate treatment and care according to orders, resident's preferences and goals. **NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 41782 Based on facility policy review, medical record review, and interviews the facility failed to follow physician's orders related to blood pressure medications for 3 residents (Residents #84, #28, and #9) of 10 residents reviewed for blood pressure medications. The findings include: Review of the facility's policy titled, Medication Administration, dated 1/2025, revealed .Medications are administered by licensed nurses .as ordered by the physician .Obtain and record vital signs, when applicable or per physician's orders. When applicable, hold medication for those vital signs outside the physician's prescribed parameters .For medications requiring vital signs, record vital signs onto the MAR [medication administation record] . Review of the medical record revealed Resident #84 was admitted to the facility on [DATE] and readmitted on [DATE] with diagnoses including Hypertension and Cognitive Communication Deficit. Review of the Order Summary Report for Resident #84 revealed an order dated 1/29/2025 for .Losartan Potassium [a medication used to treat high blood pressure] .50 MG [milligrams] .0.5 tablet .by mouth .one time a day related to HYPERTENSION .Hold for SBP [Systolic Blood Pressure] < [less than] 110 . Review of the MAR for Resident #84 dated 2/1/2025 - 2/28/2025, revealed the 2/11/2025 dose of Losartan Potassium was administered by Licensed Practical Nurse (LPN) C with a corresponding blood pressure of 101/60. Review of the MAR for Resident #84 dated 3/1/2025 - 3/31/2025, revealed the 3/3/2025 dose of Losartan Potassium was administered by LPN C with a corresponding blood pressure of 99/67 and the 3/10/2025 dose of Losartan Potassium was administered by LPN E with a corresponding blood pressure of 108/69. Review of the medical record for Resident #84 revealed no adverse outcomes related to receiving the anti-hypertensive medication outside of the ordered blood pressure parameters. During an interview on 3/12/2025 at 12:08 PM, LPN C stated Resident #84 had an order for Losartan 25 mg by mouth daily with parameters to hold the medication for SBP less than 110. This surveyor reviewed the MAR with LPN C and the LPN confirmed she had administered the medication on 2/11/2025 with a SBP of 101. LPN C confirmed Resident #84's SBP was less than 110 and the medication should not have been administered according to the physician's order to hold for SBP less than 100. LPN C stated she had not notified the physician to receive approval to administer. LPN C confirmed she had also administered the medication on 3/3/2025 with a SBP of 99/67 and the medication should not have been administered according to the physician's order. LPN C stated she had not notified the physician to receive an approval to administer the medication. LPN C stated .I think I would have rechecked it before . administering but was unable to recall if she did or what the values were. LPN C stated she was unaware of any adverse effects to Resident #84 because of the administration. (continued on next page)

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	445173	A. Building B. Wing	03/12/2025

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Donalson Care Center	1681 Winchester Highway Fayetteville, TN 37334

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 0684 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	During an interview on 3/12/2025 at 12:20 PM, the Director of Nursing (DON) stated Resident #84 had an order for Losartan 25 mg by mouth daily and was to be held for SBP less than 110. This surveyor reviewed the MAR with the DON and confirmed the medication was given on 2/11/2025 with blood pressure of 101/60, 3/3/2025 with blood pressure of 99/67, and 3/10/2025 with blood pressure of 108/69. The DON confirmed the medication should not have been given since the SBP was less than 110. The DON stated she would expect the medication to be held, and a progress note obtained that it was held due to vital signs outside of parameters. The DON stated if a medication was administered despite parameters an order should have been obtained stating it was ok to administer the medication despite the blood pressure being outside the parameters. The DON confirmed Resident #84 had no adverse effects because of the medication administration. The DON confirmed it was her expectation that physician's orders were followed. During a telephone interview on 3/12/2025 at 6:17 PM, LPN E stated if Resident #84's MAR indicated she administered a medication, then .she did . LPN E statedif she had held a medication, the MAR would reflect the medication was held with a reason would be selected from the drop down box. LPN E was aware of the parameters to hold Resident #84's Losartan for SBP less than 110 and stated if the SBP was 108 she would have still given it because .it was just a few points . under the parameter of 110. LPN E stated she had not notified the physician to obtain an order that it was ok to administer the medication with a SBP less than 110. LPN E was unaware of any adverse effects related to administration of the medication outside of the parameters. During an interview on 3/12/2025 at 7:52 PM, the Medical Director (MD) stated he was unaware of physician's orders not being followed related to blood pressure medication parameters. The MD stated the parameters are used as an increased safety measure and the possibility of an adverse outcome was unlikely. The MD was unaware of any adverse outcomes to residents related to the administration of blood pressure medications outside of the ordered parameters and it was his expectation that physician's orders were followed. 48100 Review of the medical record revealed Resident #28 was admitted to the facility on [DATE] with diagnoses including Peripheral Vascular Disease, Hypertensive Heart Disease, and Morbid Obesity. Review of the Order Summary Report for Resident #28 revealed an order dated 1/23/2025 for .Metoprolol [a medication used to treat high blood pressure] .50 MG .0.5 tablet .by mouth .twice daily related to HYPERTENSION .Hold for SBP<110 . Review of the MAR for Resident #28 dated 2/1/2025 - 2/28/2025, revealed the 2/18/2025 (8 PM) dose of Metoprolol was administered by LPN I with a corresponding blood pressure of 102/88. Review of the medical record for Resident #28 revealed no adverse outcomes related to the resident receiving the anti-hypertensive medication outside of the ordered blood pressure parameters. (continued on next page)

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	445173	A. Building B. Wing	03/12/2025

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Donalson Care Center	1681 Winchester Highway Fayetteville, TN 37334

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 0684 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	During an interview on 3/12/2025 at 6:18 PM, LPN I stated she could not recall if she rechecked the blood pressure for Resident #28 on 2/18/2025. LPN I stated if she documented the medication (Metoprolol) was administered outside of the blood pressure parameters of the SBP <110, then .I gave the medication . LPN I stated on the MAR dated 2/2025, Resident #28's blood pressure reading on 2/18/2025 was 102/88 and confirmed the medication should have been held and not administered. LPN I stated she was unaware of any adverse effects to Resident #28 because of the administration on 2/18/2025. During an interview on 3/12/2025 at 6:30 PM, the DON stated the nurses administering the medications to the residents should follow the physician's order to hold medications for blood pressure parameters if the medication is outside of those parameters. The DON stated the Metoprolol for Resident #28 should have been held and not administered on 2/18/2025 at 8 PM when the SBP was 102 (which was less than the ordered parameter of <110). 50480 Review of the medical record revealed Resident #9 was admitted to the facility on [DATE] with diagnoses including Heart Attack, Muscle Weakness, and Hypertension. Review of the Order Summary Report for Resident #9 revealed a Physician's Order dated 1/10/2025 for . Metoprolol .50 MG .1 tablet by mouth one time a day related to .HYPERTENSION .Hold for SBP<100 . Review of the MAR dated 2/1/2025 - 2/28/2025, revealed the following: The 2/7/2025 dose of Metoprolol Succinate was administered by LPN E with a corresponding blood pressure of 98/55. The 2/14/2025 dose of Metoprolol Succinate was administered by LPN E with a corresponding blood pressure of 96/56. The 2/17/2025 dose of Metoprolol Succinate was administered by LPN E with a corresponding blood pressure of 92/70. Review of the medical record for Resident #9 revealed no adverse outcomes for Resident #9. During a telephone interview on 3/12/2025 at 6:20 PM, LPN E stated if the MAR indicated she gave the medication, then she did. LPN E also stated if she held the medication (Metoprolol Succinate), she would have documented on the MAR that the medication was held due to parameters. The LPN was aware of the parameters to hold for SBP less than 100, she would have still given it if it was just a few points away from the ordered parameters. The LPN stated she did not notify the physician of the low blood pressure, and stated she did not receive a new order to give the medication. During an interview on 3/12/2025 at 6:34 PM, the DON stated the nurses should follow the physician's order to hold medications for blood pressure parameters if the medication is outside of those parameters. The DON stated the Metoprolol for Resident #9 should have been held and not administered if the SBP was outside of the ordered parameters to administer.

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	445173	A. Building B. Wing	03/12/2025

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Donalson Care Center	1681 Winchester Highway Fayetteville, TN 37334

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 0693 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Ensure that feeding tubes are not used unless there is a medical reason and the resident agrees; and provide appropriate care for a resident with a feeding tube. **NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 36003 Based on medical record review, observation, and interview the facility failed to ensure a water flush was infusing as ordered for 1 resident (Resident #20) of 3 residents reviewed for tube feedings. The findings include: Review of the medical record revealed Resident #20 was admitted to the facility on [DATE] with diagnoses including Encounter for Gastrostomy (feeding tube), Cerebral Infarction, Chronic Kidney Disease, and Hemiplegia. Review of a comprehensive care plan for Resident #20 dated 11/26/2024, revealed .requires tube feeding . The resident needs total nursing care with tube feeding and water flushes. See MD [medical doctor] orders . Review of a quarterly Minimum Data Set assessment dated [DATE], revealed Resident #20 had severe cognitive impairment and received nutrition by feeding tube. Review of a Order Summary Report for Resident #20 dated 12/13/2024, revealed .Free water flush [additional water given to a patient to help meet daily fluid needs] at 60 ml [milliliters]/ [per] hr [hour] x [times] 22 hr/day every shift . During an observation of Resident #20's continuous tube feeding on 3/11/2025 at 5:30 PM, with the Assistant Director of Nursing (ADON) revealed the water flush bag was full of water (1000 ml), was connected to the feeding pump, but the pump had not been programmed to administer the free water flush at 60 ml/hr as ordered by the physician. During an interview on 3/12/2025 at 5:35 PM, the ADON confirmed the continuous feeding pump had not been programmed to administer the free water flush at 60 ml/hr and confirmed the resident was not receiving the free water flush as ordered. The ADON stated staff were expected to ensure the pump was set and was infusing as ordered. The ADON stated she administered medications to Resident #20 around 10 AM on 3/11/2025 and had to place the pump (which infused the tube feeding formula and water flushes) on hold. The ADON stated it was possible the water flushes did not resume when she placed the tube feeding pump off hold after medication administration. The ADON stated the resident was assessed and had no adverse outcome from not receiving the water flushes as ordered. The ADON stated she alerted the medical provider and no additional orders were received. During an interview on 3/12/2025 at 11:15 AM, the Nurse Practitioner (NP) confirmed nursing staff had notified her Resident #20 had not received the water flush as ordered. The NP stated the lack of water flush did not have any adverse effects for Resident #20.

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	445173	A. Building B. Wing	03/12/2025

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Donalson Care Center	1681 Winchester Highway Fayetteville, TN 37334

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 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** 48100 Based on facility policy review, drug manufacturer's information, observation, and interviews, the facility failed to ensure an insulin medication was labeled appropriately to include an open and expiration date in 1 of 4 medication carts observed for medication storage which had the potential to affect 1 resident (Resident #26) of 18 residents reviewed for insulin use. The findings include: Review of the facility's policy titled, Insulin Pen, dated ,d+[DATE], revealed .insulin pens must be clearly labeled with the resident name .expiration date .if label is missing, the pen will not be used .a new pen must be ordered .insulin pens should be disposed of after 28 days .procedure .check the expiration date on the pen .discard if expired . Review of the facility's policy titled, Medication Storage, dated ,d+[DATE], revealed .it is the policy of this facility to ensure all medications housed on our premises will be stored .according to the manufacturer's recommendations . Review of the manufacturer's information for Insulin Glargine, undated, revealed .do not use your [insulin glargine] pen .for more that 28 days after you first start using the pen . Review of the medical record revealed Resident #26 was admitted to the facility on [DATE] with diagnoses including Diabetes, Hypertension, and Muscle Weakness. Review of the comprehensive care plan for Resident #26 revised [DATE], revealed the resident had Diabetes with an intervention to administer medications as ordered by the physician. Review of a quarterly Minimum Data Set (MDS) assessment dated [DATE], revealed Resident #26 scored a 15 on the Brief Interview for Mental Status (BIMS) assessment which indicated the resident was cognitively intact. Further review revealed the resident received insulin. Review of the Medication Administration Record (MAR) for Resident #26 dated ,d+[DATE], revealed Insulin Glargine (20 units daily) was administered as ordered for 28 days reviewed. Further review revealed the blood sugar levels obtained from [DATE]-[DATE] ranged from ,d+[DATE] and did not reveal any negative outcomes. Review of the MAR for Resident #26 dated ,d+[DATE], revealed Insulin Glargine (20 units daily) was administered as ordered for 11 days reviewed. Further review revealed the blood sugar levels obtained from [DATE]-[DATE] ranged from ,d+[DATE] and did not reveal any negative outcomes. Review of an Order Summary Report for Resident #26 dated [DATE], revealed Insulin Glargine 20 units daily and to check blood sugar levels twice a day. (continued on next page)

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	445173	A. Building B. Wing	03/12/2025

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Donalson Care Center	1681 Winchester Highway Fayetteville, TN 37334

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 0761 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	During an observation and interview with the Infection Preventionist (IP) on [DATE] at 8:20 AM, revealed medication cart #6 had 1 insulin pen (insulin glargine) opened (,d+[DATE] full) and not labeled with an opened date for Resident #26. The IP confirmed the Insulin Glargine for Resident #26 was not labeled after opening and she could not verify if the insulin was within the 28-day expiration date. The IP stated the insulin pen was the only insulin pen in the medication cart for Resident #26 and confirmed the resident had received the undated and improperly labeled insulin glargine during medication administration. The IP stated if the insulin pen open and expiration date could not be verified, the insulin should be discarded and not used for medication administration. During an interview on [DATE] at 8:45 AM, the Director of Nursing (DON) stated insulin medications should checked for expiration dates prior to administering the medication and if the open date is not labeled appropriately on the medication, the insulin should not be used and should be discarded. The DON stated the facility should adhere to the manufacturer's' guidelines for expiration dates for the Insulin Glargine of 28 days. The DON confirmed the Insulin Glargine for Resident #26 should have been labeled with an open date and expiration date upon administering the first dose of the insulin. The DON confirmed the undated and improperly labeled Insulin Glargine for Resident #26 should have been discarded and not used for insulin administration. During an interview on [DATE] at 2:59 PM, the Nurse Practitioner (NP) stated Resident #26 did not experience any adverse outcome from receiving an improperly labeled and potentially expired insulin. The NP stated the insulin if used out of date could lose efficacy thus resulting in abnormal blood sugar levels. The NP stated Resident #26's blood sugar levels had been at baseline. During an interview on [DATE] at 3:16 PM, the Pharmacist stated insulins should be dated with an open date when removed from the refrigerator and upon administering the first dose. The Pharmacist stated Insulin Glargine must be discarded after 28 days of opening to ensure the medication's effectiveness and potency. The Pharmacist stated the risk factors associated with administering insulin past the expiration date was poor blood sugar control and had a minimal potential for a serious outcome. The Pharmacist stated the Insulin Glargine for Resident #26 should have been labeled with the date opened to ensure the insulin was used within the 28-day expiration date.

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	445173	A. Building B. Wing	03/12/2025

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Donalson Care Center	1681 Winchester Highway Fayetteville, TN 37334

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 0842 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Safeguard resident-identifiable information and/or maintain medical records on each resident that are in accordance with accepted professional standards. **NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 49568 Based on facility policy review, medical record review, and interview, the facility failed to maintain an accurate medical record for 1 resident (Resident #56) of 10 residents reviewed for blood pressure medications. The findings include: Review of the facility's policy titled, Physician's Orders, dated 9/23/2020 revealed .Nursing Personnel will communicate with physicians to assure maximum interpretation and processing .orders related to resident care .provide for their implementation .all medications administered .must be ordered by the physician . Review of the medical record revealed Resident #56 was admitted to the facility on [DATE] with diagnoses including Anxiety, Hypertension, and Depression. Review of an admission Minimum Data Set (MDS) assessment dated [DATE], revealed Resident #56 scored a 15 on the Brief Interview for Mental Status (BIMS) assessment which indicated the resident was cognitively intact. Review of the Order Summary Report for Resident #56 dated 1/29/2025, revealed .Lisinopril [medication used to treat high blood pressure] 10 MG [milligram] . Give 0.5 tablet by mouth one time a day for HYPERTENSION .Hold for SBP [Systolic Blood Pressure] < [less than] 120 . Review of the Medication Administration Record (MAR) for Resident #56 dated 2/1/2025 - 2/28/2025, revealed the following: The 2/4/2025 dose of Lisinopril was administered by the Infection Preventionist (IP) with a corresponding blood pressure of 110/68. The 2/5/2025 dose of Lisinopril was administered by the IP with a corresponding blood pressure of 112/59. The 2/9/2025 dose of Lisinopril was administered by Licensed Practical Nurse (LPN) C with a corresponding blood pressure of 110/62. Review of the MAR for Resident #56 dated 3/1/2025 - 3/12/2025, revealed the following: The 3/12/2025 dose of Lisinopril was administered by LPN C with a corresponding blood pressure of 111/98. During an interview on 3/12/2025 at 6:13 PM, LPN C stated that she rechecked the blood pressure before giving Lisinopril for Resident #56 if the SBP<120 and she forgot to put the new blood pressure in the system. (continued on next page)

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	445173	A. Building B. Wing	03/12/2025

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Donalson Care Center	1681 Winchester Highway Fayetteville, TN 37334

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 0842 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	During an interview on 3/12/2025 at 6:15 PM, with the IP stated she had never given the Lisinopril for Resident #56 if the SBP<120, she would always recheck blood pressure and had failed to record the new one. During an interview on 3/12/2025 at 6:32 PM, the Director of Nursing (DON) confirmed it was her expectation that blood pressures were documented in the medical record accurately.

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	445173	A. Building B. Wing	03/12/2025

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Donalson Care Center	1681 Winchester Highway Fayetteville, TN 37334

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** 41782 Based on facility policy review, observation, and interview, the facility failed to offer hand hygiene assistance to residents prior to meals for 5 residents (Residents #4, #12, #59, #49, and #140), of 5 residents observed on 3 of 4 hallways observed for meal tray distribution and failed to ensure staff donned appropriate Personal Protective Equipment (PPE) for 2 residents (Residents #30 and #27) of 6 residents observed on Enhanced Barrier Precautions (EBP), and failed to perform hand hygiene appropriately during medication administration for 1 resident (Resident #73) of 4 residents observed for medication administration. The findings include: Review of the facility's policy titled, Serving a Meal, dated ,d+[DATE], revealed .Prepare the room or serving area for mealtime .and make sure hands and face are clean . Review of the facility's policy titled, Medication Administration, dated ,d+[DATE], revealed .wash hands prior to administering medication .identify expiration date .if expired notify nurse manager .administer medication as ordered in accordance with manufacturer specifications .wash hands . Review of the facility's policy titled, Hand Hygiene, dated ,d+[DATE], revealed .all staff will perform hand hygiene procedures to prevent the spread of infection to other personnel, residents, and visitors .hand hygiene is indicated and will be performed under the conditions listed in, but not limited to, the attached hand hygiene table .hand hygiene table .condition .before and after eating .before preparing or handling medications . Review of the facility's policy titled, Enhanced Barrier Precautions, dated ,d+[DATE], revealed .It is the policy of this facility to implement enhanced barrier precautions for the prevention of transmission of multi-drug resistant organisms .Enhanced barrier precautions refer to an infection control intervention designed to reduce transmission of multi-drug resistant organisms that employs, targeted gown and gloves use during high contact resident care activities .All staff receive training on high-risk activities and common organisms that require enhanced barrier precautions .The facility will have the discretion on how to communicate to staff which residents require the use of EBP, as long as staff are aware of which residents require the use of EBP prior to providing high-contact care activities .Implementation of Enhanced Barrier Precautions .PPE for enhanced barrier precautions is only necessary when performing high-contact care activities .High-contact resident care activities include .Changing linens .Changing briefs or assisting with toileting . Review of the facility's policy titled, Handling Soiled Linen, dated ,d+[DATE], revealed .It is the policy of this facility to handle, store, process, and transport linen in a safe and sanitary method to prevent the spread of infection .Linen should not be allowed to touch the uniform or floor and should be handled as little as possible, with minimum agitation to avoid contamination of air, surfaces, and persons .Used or soiled linens shall be collected at the bedside (or point of use .) and placed in a linen bag or designated linen receptacle. When the task is complete, the bag shall be closed securely and placed in the soiled utility room . (continued on next page)

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	445173	A. Building B. Wing	03/12/2025

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Donalson Care Center	1681 Winchester Highway Fayetteville, TN 37334

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	Review of the medical record revealed Resident #4 was admitted to the facility on [DATE] and readmitted on [DATE] with Dementia, Muscle Weakness, and Need for Assistance with Personal Care. Review of the quarterly Minimum Data Set (MDS) assessment dated [DATE], revealed Resident #4 scored a 12 on the Brief Interview for Mental Status (BIMS) assessment which indicated the resident had moderate cognitive impairment. Further review revealed the resident required supervision or touching assistance for personal hygiene. Review of the comprehensive care plan for Resident #4 revised on [DATE], revealed .ADL [activities of daily living] self-care performance deficit r/t [related to] Activity Intolerance, Confusion .PERSONAL HYGIENE . Assist her with verbal cues . During an observation on [DATE] at 11:50 AM, Certified Nursing Assistant (CNA) A delivered the lunch meal tray to Resident #4. CNA A set up the meal tray and exited the room without offering hand hygiene assistance to the resident. Review of the medical record revealed Resident #12 was admitted to the facility on [DATE] and readmitted on [DATE] with diagnoses including Feeding Difficulties, Muscle Weakness, Lack of Coordination, and Dementia. Review of the annual MDS assessment dated [DATE], revealed Resident #12 scored a 3 on the BIMS assessment which indicated the resident had severe cognitive impairment. Further review revealed the resident required substantial/maximal assistance for personal hygiene. Review of the comprehensive care plan for Resident #12 revised [DATE], revealed .ADL self-care performance deficit r/t [related to] Dementia .EATING: INDEPENDENT AFTER TRAY SET UP BY STAFF . PERSONAL HYGIENE/ORAL CARE .requires assist x [times] 1 staff for personal hygiene . During an observation on [DATE] at 11:50 AM, the Infection Preventionist (IP) delivered the lunch meal tray to Resident #12. The IP set up the resident's tray and exited the room without offering hand hygiene assistance to the resident. During an interview on [DATE] at 11:52 AM, the IP stated staff were to offer hand hygiene assistance to residents prior to meals. If the resident says yes, we would either offer hand hygiene assistance with hand sanitizer or take them to the bathroom to wash their hands. The IP confirmed she had not offered hand hygiene assistance to Resident #12 and stated .I forgot . During an interview on [DATE] at 12:00 PM, CNA A stated hand hygiene assistance was offered to residents that ate in the dining room and stated .we do not usually do it for the ones that eat in their rooms .we probably should . CNA A confirmed she had not offered hand hygiene assistance to Resident #4 or any other residents she delivered trays to in their rooms. During an interview on [DATE] at 4:25 PM, the Director of Nursing (DON) confirmed residents were to be offered hand hygiene prior to meals with hand sanitizer. Review of the medical record revealed Resident #59 was admitted to the facility on [DATE] with diagnoses including Depression, Diabetes, and Need for Assistance with Personal Care. (continued on next page)

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	445173	A. Building B. Wing	03/12/2025

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Donalson Care Center	1681 Winchester Highway Fayetteville, TN 37334

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	Review of the comprehensive care plan for Resident #59 revised on [DATE], revealed .ADL self-care performance deficit r/t Weakness .EATING .set up and total assistance .PERSONAL HYGIENE/ORAL CARE .requires assist x1 . Review of a quarterly MDS assessment dated [DATE], revealed Resident #59 scored a 10 on the BIMS assessment which indicated the resident had moderate cognitive impairment. Further review revealed the resident required maximum assistance for personal hygiene. During an observation on [DATE] at 11:56 AM, CNA G delivered the lunch meal tray to Resident #59. CNA G set up the meal tray and exited the room without offering hand hygiene assistance to the resident. Review of the medical record revealed Resident #49 was admitted to the facility on [DATE] with diagnoses including Muscle Weakness, Lack of Coordination, and Need for Assistance with Personal Care. Review of the comprehensive care plan for Resident #49 revised on [DATE], revealed .ADL self-care performance deficit r/t Sepsis . Review of a significant change MDS assessment dated [DATE], revealed Resident #49 scored a 14 on the BIMS assessment which indicated the resident was cognitively intact. Further review revealed the resident required maximum assistance for personal hygiene. During an observation on [DATE] at 11:57 AM, CNA G delivered the lunch meal tray to Resident #49. CNA G set up the meal tray and exited the room without offering hand hygiene assistance to the resident. During an interview on [DATE] at 12:00 PM, Resident #49 stated the staff did not offer to wash his hands before serving him the meal. During further interview Resident #49 stated he would wash his hands before eating a lunch meal at home. Review of the medical record revealed Resident #140 was admitted to the facility on [DATE] with diagnoses including Muscle Weakness, Diabetes, and Heart Failure. Review of the comprehensive care plan for Resident #140 revised on [DATE], revealed .resident has ADL self-care performance deficit . Review of an admission MDS assessment dated [DATE], revealed Resident #140 scored a 3 on the BIMS assessment which indicated the resident had severe cognitive impairment. Further review revealed the resident required moderate assistance for personal hygiene. During an observation on [DATE] at 12:07 PM, CNA G delivered the lunch meal tray to Resident #140. CNA G set up the meal tray and exited the room without offering hand hygiene assistance to the resident. (continued on next page)

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	445173	A. Building B. Wing	03/12/2025

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Donalson Care Center	1681 Winchester Highway Fayetteville, TN 37334

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 [DATE] at 12:10 PM, CNA G stated .we don't usual offer to wash the residents' hands who eat in their rooms .we only offer hand hygiene to the residents who eat in the dinning room .we probably should offer hand hygiene to all residents before all meal . During further interview CNA G confirmed hand hygiene was not offerred to Residents #59, #49, and #140 before the lunch meal. During an interview on [DATE] at 3:37 PM, the IP stated staff were to offer hand hygiene to all residents before serving a meal and before assisting a resident with a meal. During further interview the IP confirmed CNA G failed to maintain infection prevention practices during a mealtime for Residents #59, #49, and #140. Review of the medical record revealed Resident #30 was admitted to the facility on [DATE] and readmitted on [DATE] with diagnoses including Colostomy, Anxiety, Lack of Coordination, and Major Depressive Disorder. Review of the comprehensive care plan for Resident #30 dated [DATE], revealed .Enhanced Barrier Precaution r/t Ostomy .EBP- wear gown and gloves during adl care, incontinent care, foley care, transfers, wound care, and any provision of care with an increased risk for MDRO [Multi-Drug Resistant Organisms] . Review of a physician's order for Resident #30 dated [DATE], revealed .Clean left heel with wound cleanser, apply foam dressing change every 5 days and PRN [as needed] . Continued review revealed .Clean right lateral ankle with wound cleanser apply foam dressing to area change every 5 days and PRN . Review of a physician's order for Resident #30 dated [DATE], revealed .Enhanced Barrier Precautions .every shift . During an observation on [DATE] at 8:10 AM, the Assistant Director of Nursing (ADON) and CNA B were in Resident #30's room changing the resident. The ADON and CNA B wore gloves during the patient care interaction and no gown. During an interview on [DATE] at 8:38 AM, the ADON stated she and CNA B were changing Resident #30's brief and checking her colostomy. The ADON confirmed they wore gloves while changing the resident and had not worn a gown during the resident care interaction. The ADON confirmed Resident #30 was on EBP because of her colostomy and wounds and required a gown and gloves for all direct care including changing the resident. The ADON stated staff know which residents are on EBP from the kardex (care instructions for direct care staff) located in the residents' room behind the closet door. The ADON was unaware how outside care providers (hospice, radiology, lab) and families would know that residents were in EBP and required a gown and gloves for direct patient care activities. During an observation and interview on [DATE] at 8:43 AM, in Resident #30's room, with the ADON, there was a document taped to the back of the resident's closet that read .EBP-wear gown and gloves during adl care, incontinent care, foley care, transfers, wound care . (continued on next page)

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	445173	A. Building B. Wing	03/12/2025

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Donalson Care Center	1681 Winchester Highway Fayetteville, TN 37334

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 [DATE] at 8:46 AM, CNA B stated she assisted the ADON to change Resident #30. CNA B confirmed Resident #30 was on EBP and she only wore gloves to change the resident. CNA B confirmed she should have worn a gown as well to change Resident #30. This surveyor asked the CNA how she knew which residents required EBP and the CNA stated .we just know which ones have catheters, feeding tubes, and things that are not naturally in the body . During an interview on [DATE] at 12:27 PM, the DON confirmed Resident #30 was on EBP because the resident had wounds and a colostomy. The DON stated a gown and gloves were required for direct care activities for residents on EBP. Direct care activities included .changing briefs .linens .bathing . The DON stated staff know what residents require enhanced barrier precautions from the kardex taped on the back of the residents' closet door. The DON stated residents' families were notified of EBP via (by way of) phone or in care plan meetings and was unaware how outside care providers (hospice, radiology, lab, dental, podiatry) would know if a resident required EBP. Review of the medical record revealed Resident #27 was admitted to the facility on [DATE] with diagnoses including Dysphagia, Brain Damage, Feeding Difficulties, Lack of Coordination, and Skin Infection. Review of the comprehensive care plan for Resident #27 dated [DATE], revealed .Enhanced Barrier Precautions .wear gown and gloves during adl care, incontinent care, foley care, transfers, wound care, or any provision of care with increased risk for MDRO . Further review of the comprehensive care plan revealed the resident received dressing changes for skin impairment. Review of a Physician's order for Resident #27 dated [DATE], revealed .Enhanced Barrier Precautions . every shift . Review of a Physician's order for Resident #27 dated [DATE], revealed .Clean ulcer to underside of 4th toe right foot with wound cleanser, apply [name brand medication] to ulcer and cover . Review of a quarterly MDS assessment dated [DATE], revealed Resident #27 scored an 8 on the BIMS assessment which indicated the resident had severe cognitive impairment. Further review revealed the resident required maximal staff assistance for bed mobility. During an observation on [DATE] at 10:04 AM, CNA F was observed standing beside Resident #27's bed while the resident was in the bed and was not wearing a gown. Further observation revealed dirty linen was placed in the floor, CNA F picked the dirty linen up off the floor, held them against her body, and then placed the soiled linen on the resident's countertop. CNA F placed the soiled linen from the countertop and placed it into a bag, then placed the linen in a soiled linen receptical. During an observation and interview on [DATE] at 10:20 AM, CNA F stated she changed soiled bed linens with Resident #27 in the bed. CNA F stated the resident was not on Enhanced Barrier Precautions and did not require a gown for personal care and stated residents who required Enhanced [NAME] Precautions would have a Kardex in their closet which notified the staff of the requirement. CNA F confirmed she placed soiled linen in the floor and held them against her body and then placed them on the resident's countertop. The CNA confirmed she failed to maintain infection control practices when providing personal care to Resident #27. During an observation CNA F confirmed the Kardex in Resident #27's closet included Enhanced Barrier Precautions. (continued on next page)

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	445173	A. Building B. Wing	03/12/2025

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Donalson Care Center	1681 Winchester Highway Fayetteville, TN 37334

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 [DATE] at 3:37 PM, the IP stated soiled linen should be placed directly into a bag and not into the floor. The IP also stated staff were expected to wear a gown when making an occupied bed for residents on Enhanced Barrier Precautions. The IP confirmed CNA F failed to maintain infection control practices. 50480 Review of the medical record revealed Resident #13 was admitted to the facility on [DATE] with diagnoses including Dementia, Muscle Weakness, and Heart Disease. Review of a quarterly MDS assessmenReview of the facility's policy titled, Medication Administration, dated , d+[DATE], revealed .wash hands prior to administering medication .identify expiration date .if expired notify nurse manager .administer medication as ordered in accordance with manufacturer specifications .wash hands . Review of the facility's policy titled, Hand Hygiene, dated ,d+[DATE], revealed .all staff will perform hand hygiene procedures to prevent the spread of infection to other personnel, residents, and visitors .hand hygiene is indicated and will be performed under the conditions listed in, but not limited to, the attached hand hygiene table .hand hygiene table .condition .before and after eating .before preparing or handling medications . Review of the medical record revealed Resident #13 was admitted to the facility on [DATE] with diagnoses including Dementia, Muscle Weakness, and Heart Disease. Review of a quarterly MDS assessment dated [DATE], revealed Resident #13 scored a 3 on the BIMS assessment which indicated the resident had severe cognitive impairment. Further review revealed the resident required assistance with ADL care. Review of the comprehensive care plan for Resident #13 revised [DATE], revealed the resident had a self-care deficit and required staff assistance with activities of daily living and care. Review of the medical record revealed Resident #73 was admitted to the facility on [DATE] with diagnoses including Hemiplegia, Need for Assistance with Personal Care, and Muscle Weakness. Review of a quarterly MDS dated [DATE], revealed Resident #73 scored a 15 on the BIMS assessment which indicated the resident was cognitively intact. Further review revealed the resident required assistance with ADL care. Review of the comprehensive care plan for Resident #73 revised [DATE], revealed the resident had a self-care deficit and required staff assistance with activities of daily living and care. (continued on next page)

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	445173	A. Building B. Wing	03/12/2025

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Donalson Care Center	1681 Winchester Highway Fayetteville, TN 37334

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 observation on [DATE] at 8:00 AM, in Resident #13's room, revealed the IP gave Resident #13 a drink of water and touched the bed remote. The IP exited Resident #13's room, did not perform hand hygiene, went out into the hallway to the medication cart to start preparing Resident #73's medication for administration. The IP touched the medication cart keys located in her pocket, touched multiple medication drawers, and touched multiple medication packages. The IP went into Resident #73's room, administered medications to Resident #73, and failed to perform hand hygiene before or after administering the medications to Resident #73. The IP exited Resident #73's room and did not perform hand hygiene upon exit. During an interview on [DATE] at 8:18 AM, the IP stated hand hygiene should be completed before and after direct contact with the resident or resident surfaces. The IP confirmed she failed to complete hand hygiene after exiting Resident #13's room and before and after administering medications to Resident #73. During an interview on [DATE] at 8:44 AM, the DON confirmed hand hygiene should be completed before and after contact with the resident and resident surfaces. 48100