

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  445207	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED  03/20/2024
NAME OF PROVIDER OR SUPPLIER  Wexford House, The		STREET ADDRESS, CITY, STATE, ZIP CODE  2421 John B Dennis Highway Kingsport, TN 37660	

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)
<p>F 0550</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Some</p>	<p>Honor the resident's right to a dignified existence, self-determination, communication, and to exercise his or her rights.</p> <p><b>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 41782</b></p> <p>Based on facility policy review, observations, and interviews, the facility failed to ensure staff maintained residents' dignity when residents were served milk products in disposable cartons for 9 residents (Residents #20, #84, #6, #18, #19, #23, #33, #43, and #85) on 3 of 5 hallways observed for meal tray distribution and failed to maintain resident's dignity during feeding for 1 resident (Resident #29) of 3 residents observed for feeding.</p> <p>The findings include:</p> <p>Review of the facility's policy titled, PATIENT/RESIDENT RIGHTS, revised on 7/14/2023, showed .All persons involved in the care of a patient/resident shall respect and support the patient/resident's right to competent, considerate, and courteous treatment or service within our capacity .</p> <p>Review of the facility's policy titled, Dining, revised on 12/2023, showed .The dining experience will be safe and satisfying for the resident .Seating promotes sociable, friendly dining .Residents are assisted in a dignified and timely manner .</p> <p>Review of the facility's undated policy titled, RESIDENT RIGHTS -Dignity Policy &amp; Procedures, showed . ensure resident has the right to a dignified existence and to communicate with individuals and representatives of choice. The facility will protect and promote resident rights and dignity as designated below .Dignity .The facility will treat Resident with dignity and respect in full recognition of Resident individuality in a dignified existence that promotes quality of life .</p> <p>Resident #20 was admitted to the facility on [DATE] with diagnoses including Anemia, Early Onset Alzheimer's Dementia, and Encephalomalacia (softening or loss of brain tissue).</p> <p>Review of Resident #20's quarterly Minimum Data Set (MDS) assessment dated [DATE], showed the resident was cognitively intact.</p> <p>Review of Resident #20's medical record showed no evidence the resident had requested to receive his milk products in disposable milk cartons.</p> <p>(continued on next page)</p>

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 0550</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Some</p>	<p>During an observation on 3/18/2024 at 11:44 AM, Certified Nursing Assistant (CNA) #1 delivered the lunch meal tray to Resident #20. The lunch tray contained a chocolate mighty shake (milk based nutritional shake) in a disposable carton. CNA #1 set up the resident's tray and opened the mighty shake for the resident and exited the room without offering the resident a glass for the mighty shake.</p> <p>During an interview on 3/18/2024 at 11:46 AM, this surveyor asked CNA #1 if Resident #20 had requested to receive his mighty shake in the disposable carton and CNA #1 stated .No .we always serve them [mighty shakes] and milk in cartons . The CNA confirmed Resident #20 had not been offered a glass for his mighty shake.</p> <p>During an interview on 3/18/2024 at 11:48 AM, Resident #20 stated he had not requested to receive his mighty shake in a disposable carton and had not been offered a glass for the shake. Resident #20 shrugged his shoulders and did not verbally answer when asked if he minded drinking his mighty shake from the disposable carton.</p> <p>Resident #84 was admitted to the facility on [DATE] with diagnoses including Expressive Aphasia, Anxiety Disorder, and Hemiparesis Affecting the Right Side.</p> <p>Review of Resident #84's quarterly MDS assessment dated [DATE], showed the resident had moderate cognitive impairment.</p> <p>Review of Resident #84's medical record showed no evidence the resident had requested to receive milk products in disposable milk cartons.</p> <p>During an observation on 3/18/2024 at 11:49 AM, Resident #84 was seated in a wheelchair beside her bed eating her lunch tray. Resident #84 was drinking the milk from her tray from a disposable milk carton. The resident stated she had not been offered a glass for her milk carton and had not requested to have her milk products served in a disposable carton. Resident #84 stated milk was always served to her in the disposable carton. Resident #84 stated .it doesn't matter to me if it's in a glass or a carton .</p> <p>Resident #6 was admitted to the facility on [DATE] with a diagnosis of Hemiplegia and Hemiparesis following Cerebral Infarction.</p> <p>Review of Resident #6's quarterly MDS assessment dated [DATE], showed the resident was cognitively intact.</p> <p>Review of Resident #6's medical record showed no evidence the resident had requested to receive milk or shake products in disposable cartons.</p> <p>During an observation and interview on 3/18/2024 at 11:54 AM, Resident #6 was observed eating independently from the lunch tray that contained a carton of milk and a mighty shake in disposable cartons. The resident stated he had not requested for either the milk or the shake to be served in a disposable carton and was not offered a glass.</p> <p>Resident # 18 was admitted to the facility on [DATE] with a diagnosis of Pulmonary Fibrosis.</p> <p>(continued on next page)</p>		

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<p>F 0550</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Some</p>	<p>Review of a Resident #18's quarterly MDS assessment dated [DATE], showed the resident was moderately cognitively impaired.</p> <p>Review of Resident #18's medical record showed no evidence the resident had requested to receive milk products in disposable milk cartons.</p> <p>During an observation and interview with CNA #2 on 3/18/2024 at 4:52 PM, in Resident #18's room, showed the resident was served the dinner meal tray that included a carton of milk in a disposable carton. CNA #2 stated Resident #18's milk was served in a disposable carton because that was how the kitchen sent it to the floor to be served. CNA #2 confirmed Resident #18 had not been offered a glass for the milk.</p> <p>During an interview on 3/18/2024 at 4:54 PM, Resident #18 stated she had not requested for her milk to be served in a disposable carton and was not offered a glass. The resident also stated the disposable carton did not upset her.</p> <p>Resident #19 was admitted to the facility on [DATE] with a diagnosis of Congestive Heart Failure.</p> <p>Review of Resident #19's quarterly MDS assessment dated [DATE], showed the resident was cognitively intact.</p> <p>Review of Resident #19's medical record showed no evidence the resident had requested to receive milk products in disposable milk cartons.</p> <p>During an observation and interview on 3/18/2024 at 12:01 PM, Resident #19 was observed eating lunch independently with a disposable carton of milk on her tray. The resident stated she had not requested for her milk to be served in a disposable carton, but the carton did not bother her.</p> <p>During an interview on 3/18/2024 at 12:20 PM, CNA #1 stated residents were always served milk in disposable milk cartons.</p> <p>Resident #23 was admitted to the facility on [DATE] with diagnoses including History of Cerebrovascular Accident (CVA or stroke) and Major Depression.</p> <p>Review of Resident #23's quarterly MDS assessment dated [DATE], showed the resident was cognitively intact.</p> <p>Review of Resident #23's medical record showed no evidence the resident had requested to receive milk products in disposable milk cartons.</p> <p>During an observation and interview on 3/18/2024 at 4:48 PM, Resident #23 was served her dinner with milk in a disposable carton. The resident stated she had not requested for her milk to be served in a disposable carton and had not been offered a glass. She stated the carton did not bother her.</p> <p>Resident #33 was admitted to the facility on [DATE] with diagnoses including Coronary Artery Disease and Type 2 Diabetes Mellitus.</p> <p>(continued on next page)</p>		

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<p>F 0550</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Some</p>	<p>Review of Resident #33's significant change MDS assessment dated [DATE], showed the resident was cognitively intact.</p> <p>Review of Resident #33's medical record showed no evidence the resident had requested to receive milk products in disposable milk cartons.</p> <p>During an observation and interview on 3/18/2024 at 12:01 PM, Resident #33 was observed drinking out of a disposable milk carton. The resident stated they usually deliver her meal with the disposable milk carton, but she had not requested for milk to be delivered in the disposable carton and had not been offered a glass from which to drink. The resident stated the carton did not bother her.</p> <p>Resident #43 was admitted to the facility on [DATE] with a diagnosis of Chronic Anoxic Encephalopathy (disease affecting brain brain function caused by lack of oxygen).</p> <p>Review of a Resident #43's annual MDS assessment dated [DATE], showed the resident was cognitively intact.</p> <p>Review of Resident #43's medical record showed no evidence the resident had requested to receive milk products in disposable milk cartons.</p> <p>During an observation and interview on 3/18/2024 at 11:54 AM, Resident #43 was observed eating lunch with milk in a disposable carton. The resident stated he had not requested to receive his milk in a disposable carton and had not been offered a glass.</p> <p>During an observation on 3/18/2024 at 5:02 PM, Resident #43 was observed with milk on his dinner tray in a disposable carton.</p> <p>Resident #85 was admitted to the facility on [DATE] with diagnoses including Generalized Anxiety Disorder and History of CVA.</p> <p>Review of Resident #85's quarterly MDS assessment dated [DATE], showed the resident was cognitively intact.</p> <p>Review of Resident #85's medical record showed no evidence the resident had requested to receive milk products in disposable milk cartons.</p> <p>During an observation and interview on 3/18/2024 at 4:57 PM, Resident #85 was observed drinking milk out of a disposable milk carton. The resident stated she had not requested for her milk to be served out of the disposable carton and had not been offered a glass. Resident #85 stated the disposable carton did not bother her.</p> <p>Resident #29 was admitted to the facility on [DATE] with diagnoses including Seizure Disorder, Essential Hypertension and Traumatic Brain Injury.</p> <p>Review of Resident #29's care plan dated 7/22/2022 showed the resident had a self care deficit related to weakness with an intervention to provide feeding assistance.</p> <p>(continued on next page)</p>		

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<p>F 0550</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Some</p>	<p>Review of Resident #29's quarterly MDS assessment dated [DATE], showed the resident had severe cognitive impairment. The resident had upper and lower extremity impairment on both sides. The resident was totally dependent on staff for eating.</p> <p>During an observation and interview on 3/18/2024 at 12:15 PM, CNA #3 was feeding Resident #29 by standing over him beside the bed. CNA #3 stated she stood over the resident to feed him because .It works better for me this way .</p> <p>During an interview on 3/19/2024 at 5:00 PM, the Administrator stated milk and mighty shakes were served to residents in milk cartons, and glasses would be provided upon resident request. The Administrator stated she was unaware of the regulations related to providing residents with non-disposable cutlery and dishware including cups and glasses. The Administrator confirmed it was her expectation that residents that required feeding assistance from staff were to be fed with the staff member seated and at eye level to the resident being fed.</p> <p>During an interview on 3/19/2024 at 5:05 PM, the Evening Dietary Supervisor stated milk and mighty shakes were sent to residents in disposable cartons, and glasses were not sent on the trays unless requested by the resident.</p> <p>During an interview on 3/19/2024 at 5:22 PM, the Director of Nursing (DON) confirmed .it is our normal procedure to serve milk and mighty shakes in cartons . The DON stated the resident would be provided a glass if they requested one. The DON was unaware of the regulations related to providing residents with non-disposable cutlery and dishware including cups and glasses. The DON confirmed staff feeding residents should be seated while feeding the resident.</p> <p>During an interview on 3/20/2024 at 1:18 PM, with the Dietary Clinical Manager and the Registered Dietician, the Dietary Clinical Manager stated she had worked at the facility for [AGE] years and confirmed milk products had always been served in cartons and stated .we have always done it that way . The Dietary Clinical Manager and the Registered Dietician confirmed glasses were only provided for residents for milk and mighty shakes if requested by the resident. The Dietary Clinical Manager and Registered Dietician confirmed that milk cartons were considered disposable containers. The Dietary Clinical Manager and Registered Dietician confirmed it was their expectation that long term care regulations were followed and were unaware of the regulations related to providing residents with non-disposable cutlery and dishware including cups and glasses.</p> <p>During an interview on 3/20/2024 at 4:56 PM, the Director of Nursing confirmed there was no evidence in the medical record that Residents #20, #84, #6, #18, #19, #23, #33, #43, and #85 had requested to receive their milk or mighty shake in the disposable cartons.</p>		

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<p>F 0641</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Ensure each resident receives an accurate assessment.</p> <p><b>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY**</b> 48100</p> <p>Based on facility policy review, review of the Resident Assessment Instrument (RAI) Manual 3.0, medical record review, observations, and interviews, the facility failed to accurately complete a Minimum Data Set (MDS) assessment for 2 residents (Residents #78 and #56) of 20 residents reviewed for MDS assessments.</p> <p>The findings include:</p> <p>Review of the RAI Manual 3.0 dated 10/1/2023 showed . primary purpose as an assessment instrument is to identify resident care problems that are addressed in an individualized care plan .the assessment [MDS] accurately reflects the resident's status .registered nurse conducts or coordinates each assessment .One of the important functions of the MDS assessment is to generate an updated, accurate picture of the resident's current health status .Active diagnoses are diagnoses that have a direct relationship to the resident's current functional, cognitive, mood or behavior status, medical treatments, nursing monitoring .during the 7-day look-back period .Check the following information sources in the medical record for the last 7 days to identify 'active' diagnoses: transfer documents, physician progress notes, recent history and physical, recent discharge summaries, nursing assessments, nursing care plans, medication sheets, doctor's orders, consults and official diagnostic reports .</p> <p>Resident #78 was admitted to the facility on [DATE] with diagnoses including Amyotrophic Lateral Sclerosis (ALS) (nervous system disease that impacts physical functioning), Quadriplegia, and Adjustment Disorder.</p> <p>Review of a General History and Physical note dated 12/12/2023, showed .[Resident #78] communicates w/ [with] eye movement computer .patient active problem list .Quadriplegia .</p> <p>Review of Resident #78's admission MDS dated [DATE], showed the resident was cognitively intact, had impairment to the upper and lower extremities, and was dependent upon staff assistance with personal hygiene, dressing, transfers, and bed mobility. Continued review showed Quadriplegia was not listed as an active diagnosis.</p> <p>Review of Resident #78's comprehensive care plan dated 2/29/2024, showed .risk for limitations in ROM [range of motion] r/t [related to] .quadriplegia .</p> <p>During an observation and interview on 3/18/2024 at 11:25 AM, Resident #78 was seated upright in a specialized wheelchair and could not move her neck or upper and lower extremities. Resident #78 stated via communication device she could not move her neck or extremities without staff assistance.</p> <p>During an interview on 3/20/2024 at 5:01 PM, the Director of Nursing confirmed the admission MDS assessment for Resident #78 was not accurate and did not reflect the resident's active diagnosis of Quadriplegia upon admission.</p> <p>41782</p> <p>(continued on next page)</p>		

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<p>F 0641</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Resident #56 was admitted to the facility on [DATE] with diagnoses including Adult Failure to Thrive, Hypothyroidism, Alzheimer's Dementia, and Major Depressive Disorder.</p> <p>Review of Resident #56's physician's orders dated 8/1/2022, showed an order for Levothyroxine (medication to treat hypothyroidism) 75 micrograms (mcg) by mouth daily before breakfast.</p> <p>Review of Resident #56's comprehensive care plan dated 9/21/2022, showed .Risk for complications r/t [related to] .Hypothyroidism .</p> <p>Review of the Medication Administration Record (MAR) dated 1/1/2024 - 1/31/2024, showed Resident #56 received Levothyroxine daily.</p> <p>Review of Resident #56's quarterly MDS assessment dated [DATE], showed the resident had severe cognitive impairment. Continued review showed Hypothyroidism was not listed as an active diagnosis.</p> <p>During an interview on 3/20/2024 at 4:07 PM, the MDS Coordinator stated she reviewed physician and nurse practitioner progress notes and medication orders to determine active diagnoses to code on the resident MDS assessments. The MDS Coordinator confirmed Resident #56 had received the medication of Levothyroxine daily during the 7 day look back period prior to the 1/5/2024 quarterly MDS assessment. The MDS Coordinator confirmed Resident #56's quarterly MDS assessment was coded incorrectly and did not include the active diagnosis of Hypothyroidism.</p>

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<p>F 0657</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Develop the complete care plan within 7 days of the comprehensive assessment; and prepared, reviewed, and revised by a team of health professionals.</p> <p><b>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY**</b> 45837</p> <p>Based on facility policy review, medical record review, and interviews, the facility failed to include 1 resident (Resident #31) in the care planning process of 20 residents reviewed for care planning.</p> <p>The findings include:</p> <p>Review of the facility's policy titled, Interdisciplinary Care Conference Guidelines, dated 2/2024, showed . Interdisciplinary Care Conference is held to develop/review the plan of care based upon the comprehensive assessment .includes .Resident and family concerns .Care Conference .may be held whenever the team feels it is necessary to review the plan of care .the following should have representation at the meeting . resident .is informed and invitations are sent to resident .as appropriate prior to the conference date . Social Services documents the attempt to include or set up meeting in the resident's record .Social Services will schedule .care conference .</p> <p>Resident #31 was admitted to the facility on [DATE] with diagnoses including Pneumonia, Arthritis, and Diabetes Mellitus.</p> <p>Review of a letter dated 1/24/2024 showed Resident #31's representative was sent a letter inviting him to a care plan meeting, but he did not attend.</p> <p>Review of a quarterly care plan review dated 2/2/2024, showed Resident #31 was not a participant of the meeting. Those attending the meeting were representatives from dietary, nursing, social services, and activities.</p> <p>Review of a quarterly Minimum Data Set (MDS) assessment dated [DATE] showed Resident #31 was cognitively intact and required substantial assistance with showers and upper body dressing.</p> <p>During an interview on 3/18/2024 at 3:09 PM, Resident #31stated she had not received invitations to the quarterly care plan meetings and stated she did not remember anyone providing her a copy of the latest care plan.</p> <p>During an interview on 3/19/2024 at 9:27 AM, the Social Services Director (SSD) stated she set up meetings for the quarterly review of the plans of care. The SSD stated if the resident wanted to attend, and were cognitively intact, they were invited to all the care plan meetings. The SSD stated the meetings could be held on a phone conference or in the resident's room, if that was what was convenient for the resident or the resident's representative. She stated a letter was sent to the son, who was the POA, but he had not responded. The SSD stated she had no documentation to show Resident #31 did not want to participate in the care plan meetings. When asked why the resident, who was cognitively intact, was not asked to join, the SSD stated I don't know. I can see that we are missing that on her. We should've [invited the resident], it just got missed. The SSD confirmed the resident had never received an invitation to or attended the quarterly care plan meetings and had not received a copy of the care plan from the last quarterly meeting.</p> <p>(continued on next page)</p>		

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F 0657  Level of Harm - Minimal harm or potential for actual harm  Residents Affected - Few	During an interview on 3/20/2024 at 4:01 PM, the Director of Nursing (DON) stated it was her expectation that a resident who was cognitively intact would receive an invitation to the quarterly care plan meetings, and Resident #31 should be involved in her care plan meetings.		

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<p>F 0761</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>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.</p> <p><b>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY**</b> 50216</p> <p>Based on facility policy review, observation, and interview, the facility failed to ensure expired supplies were not available for resident use in 1 medication cart (300 long hall cart) of 3 medication carts observed.</p> <p>The findings include:</p> <p>Review of the facility's policy titled Storage of Medical Supplies and Medication, dated ,d+[DATE], showed . No discontinued, outdated, or deteriorated medical supplies/medications are available for use in the facility. All such .and medical supplies disposed of in accordance to federal, state regulations, and facility policies as well as manufacturer's guidelines.</p> <p>During an observation and interview of the 300 long hall medication cart on [DATE] at 7:55 AM, with Licensed Practical Nurse (LPN) #1, showed 1 package of two cotton swabs expired [DATE], 1 specimen collection swab kit expired [DATE], 3 vacuum blood draw vials expired [DATE], and 1 blood draw vial expired [DATE] were observed in a cardboard box in the drawer of the medication cart. LPN #1 stated .I don't know why those (referring to the vials and cotton swabs) are in there. We have a blood draw kit in the med [medication] room that has everything we need in it . LPN #1 also stated the protocol was to remove expired supplies and medications from the cart and notify the supervisor about the expired supplies.</p> <p>During an interview on [DATE] 08:47 AM, the Director of Nursing (DON) confirmed the blood draw vials and the cotton swabs for lab tests were expired and should not be on the medication cart.</p>

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<p>F 0812</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Many</p>	<p>Procure food from sources approved or considered satisfactory and store, prepare, distribute and serve food in accordance with professional standards.</p> <p>48100</p> <p>Based on facility policy review, observations, and interview, the facility failed to ensure kitchen cooking equipment was maintained in a sanitary condition which had the potential to affect 82 of 86 residents.</p> <p>The findings include:</p> <p>Review of the facility's undated policy titled, Pots and Pans-Sanitizing, showed .scrape food particles form [from] pots and pans .scrub pots and pans .rinse pots and pans free .store in proper storage area .</p> <p>Review of the facility's undated policy titled, Sanitization of Equipment, showed .wipe up spills .using clean sanitizing solution .wash .inside and outside and front .scrub interior and exterior .door frames .hinge areas .</p> <p>During an observation of the clean dish storage area on 3/18/2024 at 10:15 AM, with the Food Service Manager (FSM), showed one large sheet pan with crusty, greenish-brown food debris present to outer edge of the pan.</p> <p>During an observation of the cooking area on 3/18/2024 at 10:25 AM, with the FSM, showed the following:</p> <ul style="list-style-type: none"> <li>-Hot food holding cabinet had dried, black, greasy food debris present around the door handle and on the bottom, outer edge of the cabinet</li> <li>-Plate warmer had dried, brownish-yellow residue present on the sides of the inner wells</li> </ul> <p>During an interview on 3/18/2024 at 10:30 AM, the FSM confirmed the kitchen equipment (large sheet pan, plate warmer, and hot food holding cabinet) had not been maintained in a sanitary condition.</p>

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  445207	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED  03/20/2024
NAME OF PROVIDER OR SUPPLIER  Wexford House, The		STREET ADDRESS, CITY, STATE, ZIP CODE  2421 John B Dennis Highway Kingsport, TN 37660	

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)
<p>F 0814</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Dispose of garbage and refuse properly.</p> <p>48100</p> <p>Based on facility policy review, observations, and interviews, the facility failed to ensure garbage and refuse were properly contained in 2 of 2 dumpsters (dumpster #1 and #2).</p> <p>The findings include:</p> <p>Review of the facility's undated policy titled, Garbage and Trash Cans, showed .waste must be placed in covered garbage and trash cans .</p> <p>Review of the facility's policy titled, Home-like Environment, dated 12/2023, showed .refuse containers provided for an area shall have tight-fitting covers .</p> <p>During an observation on 3/18/2024 at 10:35 AM, of the outside dumpster area, with the Food Service Manager (FSM), showed 2 dumpsters were present for waste disposal. The hard, plastic roof covering dumpster #1 was open and dumpster #2's sliding door on the right side of the dumpster was open. Dumpster #1 and #2's contents were open to air, elements, and had the potential exposure to pests.</p> <p>During an interview on 3/18/2024 at 10:40 AM, the FSM stated the dumpster #1's roof and dumpster #2's sliding door should have been tightly closed to prevent the exposure to elements and potential rodents. Further interview showed the FSM confirmed the dumpster contents for dumpsters #1 and #2 were not contained properly.</p>