

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 06/18/2025
NAME OF PROVIDER OR SUPPLIER Wexford House		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 0584</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Honor the resident's right to a safe, clean, comfortable and homelike environment, including but not limited to receiving treatment and supports for daily living safely.</p> <p>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** Based on facility policy review, medical record review, observations, and interviews, the facility failed to provide a homelike environment for 1 resident (Resident #19) of 81 residents reviewed for a homelike environment.</p> <p>The findings include:</p> <p>Review of the medical record revealed Resident #19 was admitted to the facility on [DATE] with diagnoses of Hemiplegia, Dysphagia, and Intracranial injury.</p> <p>Review of a quarterly Minimum Data Set (MDS) assessment dated [DATE], revealed Resident #19 was severely impaired of cognitively skills of daily decision making.</p> <p>During an observation on 6/16/2025 at 11:28 AM, in Resident #19's room, revealed a large piece of wallpaper was missing from the wall beside Resident #19's bed. Further observation revealed a large area of missing paint from the wall beside the head of the resident's bed. Continued observation revealed the wallpaper was peeling away from the baseboard on the wall by the window.</p> <p>During an observation and interview in Resident #19's room on 6/18/2025 at 10:37 AM, the Maintenance Director stated he was not aware of the areas of missing wallpaper and paint with the area of peeling wallpaper next to the window in Resident #19's room. The Maintenance Director confirmed Resident #19's room was not consistent with a homelike environment and needed repairs.</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
---	-------	-----------

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 06/18/2025
NAME OF PROVIDER OR SUPPLIER Wexford House		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 0656</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Develop and implement a complete care plan that meets all the resident's needs, with timetables and actions that can be measured.</p> <p>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** Based on facility policy review, medical record review, observations, and interviews, the facility failed to develop a person-centered care plan related to tobacco use for 1 resident (Resident #14) of 21 residents reviewed for care plans.</p> <p>The findings include:</p> <p>Review of the facility's policy titled, Care Plan/ Comprehensive Assessment, dated 4/4/2025, revealed . residents will have a comprehensive assessment that determines their functional status, strengths, weaknesses, needs/ preferences .care plan must .includes .initial goals .any services and treatments to be administered .</p> <p>Review of the medical record revealed Resident #14 was admitted to facility on 5/9/2023 with diagnoses including Diabetes, Chronic Kidney Disease, and Hypertension.</p> <p>Review of a quarterly Minimum Data Set (MDS) assessment dated [DATE], revealed Resident #14 scored a 14 on the Brief Interview for Mental Status (BIMS) assessment which indicated the resident was cognitively intact. Further review revealed Resident #14 used tobacco products.</p> <p>Review of the Physician Encounter Visit dated 5/9/2025, revealed Resident #14 was assessed for current smokeless (chewing) tobacco use.</p> <p>Review of the comprehensive care plan for Resident #14 revised 6/9/2025, revealed Resident #14's current smokeless (chewing) tobacco use was not developed on the care plan.</p> <p>During an observation on 6/16/2025 at 11:24 AM, in Resident #14's room, revealed one can of smokeless (chewing) tobacco (opened with lid in place) stored on the bedside table with Resident #14 lying in bed.</p> <p>During an observation and interview on 6/17/2025 at 9:29 AM, in Resident #14's room, revealed one can of smokeless (chewing) tobacco on his bedside table. Resident #14 stated he used chewing tobacco daily. Further observation revealed Resident #14 was using the smokeless (chewing) tobacco.</p> <p>During an interview on 6/18/2025 at 8:57 AM, Licensed Practical Nurse (LPN) E stated Resident #14 used smokeless (chewing) tobacco daily. LPN E stated the information regarding the resident's smokeless tobacco use should be located on the resident's care plan.</p> <p>During an interview on 6/18/2025 at 9:34 AM, the Director of Nursing (DON) stated the use of tobacco products should be part of a person centered care plan. The DON confirmed Resident #14's smokeless (chewing) tobacco use was not developed on the comprehensive care plan.</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 06/18/2025
NAME OF PROVIDER OR SUPPLIER Wexford House		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 0755</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Provide pharmaceutical services to meet the needs of each resident and employ or obtain the services of a licensed pharmacist.</p> <p>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** Based on review of the facility policy, review of the facility's Narcotic (a category of perception-altering or sensory-dulling drugs that are regulated in schedules according to their abuse risk with schedule 1 being the highest abuse risk and 5 being the lowest abuse risk) Destruction Logs (form containing the name of a resident and the name of a controlled medication with the number of tablets remaining), and interview, the facility failed to follow the facility policy regarding the disposition and destruction of narcotics.</p> <p>The findings include:</p> <p>Review of the facility policy titled, Destruction of Unused Drugs, undated, revealed .The actual destruction of drugs conducted by our facility must be witnessed by the consultant pharmacist and one of the following individuals: a. An agent of the State Board of Pharmacy; b. The facility administrator; or c. The director of nursing services .</p> <p>Review of Narcotic Destruction Logs dated [DATE] to [DATE], revealed the Narcotic Destruction Log provided a listing of the Residents' names, medication, amount of the recorded narcotics remaining, nurses' initials, and reason for destruction, but did not include the actual destruction of the narcotics.</p> <p>During an interview on [DATE] at 9:58 AM, the Assistant Director of Nurses (ADON) stated the destruction of the narcotics once a resident has expired or has been discharged from the facility, were not destroyed on premises. The ADON further stated she was unaware of the facility's policy for destroying narcotics and was not aware the facility was not following the policy for the destruction of narcotics.</p> <p>During an interview on [DATE] at 10:15 AM, the Administrator stated the destruction of the narcotics once a resident had expired or had been discharged from the facility, were not destroyed on the facility's premises. Further interview revealed the Administrator was not aware the facility's policy and the process for the disposition and destruction of narcotics were incongruent.</p> <p>During an interview on [DATE] at 12:19 PM, the facility Consultant Pharmacist stated the facility, and pharmacy utilized a collection process, and the narcotics once a resident had expired or had been discharged from the facility, were processed but not destroyed on the facility's premises. Further interview revealed the Consultant Pharmacist was not aware the facility's policy and the facility's process for the disposition and destruction of narcotics were incongruent.</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 06/18/2025
NAME OF PROVIDER OR SUPPLIER Wexford House		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 0802</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Some</p>	<p>Provide sufficient support personnel to safely and effectively carry out the functions of the food and nutrition service.</p> <p>Based on review of facility documentation, observation, and interview, the facility failed to employ staff with the appropriate competencies to maintain and ensure manufacturers guidelines were followed for testing of chemical sanitation for dishwasher use.</p> <p>The findings include:</p> <p>Review of the facility's Dishmachine Temperature Record (Low Temperature Machine) for the month of 6/2025, revealed chlorine rinse recordings of 50 were documented each day, 6/1/2025 - 6/13/2025 for the breakfast, lunch and dinner meals.</p> <p>During an observation on 6/16/2025 at 10:43 AM, the Certified Dietary Manager (CDM), was observed having difficulty reading the strips. The CDM asked this surveyor how to read the strip, then asked .what is it supposed to read .? The CDM asked Dietary Aide A, to test the chemical results in the rinse cycle and instructed Dietary Aide A to place on water spots on the pan.</p> <p>During an observation on 6/16/2025 at 10:44 AM of the QT-10 Hydrion container guide for testing strips for the parts per million (ppm), revealed 0, 100, 200, 300 and 400 however, a reading of 50 was not revealed as a test result with the testing strips (50 was recorded on the Dishmachine Temperature Record Log).</p> <p>During an interview on 6/16/2025 at 10:46 AM, Dietary Aide A and the CDM were asked how results of 50 was obtained and recorded on the Dishmachine Temperature Record (Low Temperature Machine) for the month of 6/2025, related to the chlorine rinse results when 50 was not available as a result on the testing guide, there was no response from either the Dietary Aide A or CDM.</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 06/18/2025
NAME OF PROVIDER OR SUPPLIER Wexford House		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 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>Based on facility policy review, observation, and interview, the facility failed to ensure kitchen cooking equipment was maintained in a clean and sanitary condition and food was stored, prepared, and served under sanitary conditions which had the potential to affect 80 of 81 residents.</p> <p>The findings include:</p> <p>Review of the facility's undated policy titled, Pots and Pans-Sanitizing, revealed .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 work order for ice machine maintenance revealed the ice machine was cleaned 2 times per year.</p> <p>During an observation of the ice machine on 6/16/2025 at 9:56 AM, revealed a black substance on the rim of a white panel above and touching the ice contained in the ice machine.</p> <p>During an observation of the hand washing area on 6/16/2025 at 9:58 AM, revealed no paper towels in the dispenser.</p> <p>During an observation and tour of the kitchen with the Certified Dietary Manager (CDM) on 6/16/2025 at 10:00 AM, revealed the following:</p> <ol style="list-style-type: none"> 1. Large barrel trash can with no cover in the food preparation area 2. Large barrel trash with center opening with trash above the rim and the trash barrel touching a clean stacked storage container. 3. Large barrel trash can with no lid and overflowing with a bag of trash. 4. Ice scoop container with ice scoop and no lid. 5. Can opener blade with dried food debris. 6. (continued on next page) 		

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 06/18/2025
NAME OF PROVIDER OR SUPPLIER Wexford House		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 0812</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Some</p>	<p>Mixer stand with dried food debris.</p> <p>7.</p> <p>Microwave oven with dried food debris on inside hood and bottom.</p> <p>8.</p> <p>Food preparation area sink with wet cloth laying on bottom surface of sink.</p> <p>9.</p> <p>10 baking pans were observed nested wet.</p> <p>10.</p> <p>3 baking pans were observed with dried food debris.</p> <p>11.</p> <p>Oven doors with dried food debris and grease.</p> <p>12.</p> <p>Deep fryer with dried food crumbs and the grease was noted to be blackened.</p> <p>13.</p> <p>(3) Serving bowls sitting upward with 1 serving bowl wet nested.</p> <p>14.</p> <p>Dried food debris on 4 plates located in the clean dish warming rack</p> <p>15.</p> <p>Dried food debris on the warming rack.</p> <p>16.</p> <p>Fried food debris on 2 bowls located on serving table.</p> <p>17.</p> <p>(3) baking pans with large amounts of dried food debris and grease.</p> <p>18.</p> <p>(continued on next page)</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 06/18/2025
NAME OF PROVIDER OR SUPPLIER Wexford House		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 0812</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Some</p>	<p>Warming oven with dried food debris on door and rubber gasket.</p> <p>19.</p> <p>(18) serving bowls with food with no dates on the lids.</p> <p>20.</p> <p>Water pitcher stained with brown substance.</p> <p>21.</p> <p>7 of 8 cooking pots with dried food debris.</p> <p>22.</p> <p>Preparation table with dried food debris.</p> <p>23.</p> <p>1 gallon jug of milk located in milk cooler with no lid.</p> <p>24.</p> <p>Door of milk cooler broken with exposed Styrofoam with dried brown substance.</p> <p>25.</p> <p>Rubber spatula with torn and jagged edges.</p> <p>26.</p> <p>The air vent over the food preparation area and pots and pans was noted to have black, powdery debris.</p> <p>27.</p> <p>Container of tea in reach in cooler with no date.</p> <p>28.</p> <p>15 glasses of milk with lids and with no date.</p> <p>29.</p> <p>9 serving bowls of cottage cheese with lids and no date.</p> <p>30.</p> <p>(continued on next page)</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 06/18/2025
NAME OF PROVIDER OR SUPPLIER Wexford House		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 0812</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Some</p>	<p>Walk in freezer with frozen spillage on lower rack and floor of freezer.</p> <p>31.</p> <p>(1) 4-ounce container of chocolate ice cream on freezer floor.</p> <p>During an observation of the kitchen on 6/17/2025 at 9:51 AM, revealed the following:</p> <p>1.</p> <p>(1) Large barrel trash can with no lid and overflowing bag of trash.</p> <p>2.</p> <p>(1) Large barrel trash can trash with center opening with trash overflowing the rim of the trash barrel.</p> <p>3.</p> <p>(1) 5 pound can of whole kernel corn dented located in the dry storage area.</p> <p>During an observation of the ice machine on 6/18/2025 at 12:10 PM, revealed a brown/black debris substance was noted on cotton tipped applicator when applied to the black substance on rim of a white panel above that touched the ice contained in the ice machine.</p> <p>During an interview on 6/16/2025 at 10:02 AM, the CDM stated the staff wash their hands in the 3 compartment sink [sink designated for washing, rinsing and disinfecting pots and pans] .</p> <p>During an interview 6/16/2025 at 10:04 AM, Dietary Aide A stated the deep fryer, .is cleaned about every 6 months .</p> <p>During an interview on 6/17/2025 at 11:00 AM, the Registered Dietician stated, the dietary staff did not have a cleaning schedule for the kitchen and confirmed the kitchen was not maintained in a clean and sanitary condition.</p> <p>During an interview on 6/18/2025 at 12:30 PM, the Maintenance Director confirmed the ice machine was cleaned every 6 months and confirmed the last cleaning for the ice machine was 1/28/2025.</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 06/18/2025
NAME OF PROVIDER OR SUPPLIER Wexford House		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 0813</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Some</p>	<p>Have a policy regarding use and storage of foods brought to residents by family and other visitors.</p> <p>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** Based on facility policy review, observations, and interviews, the facility failed to ensure resident personal refrigerator logs were kept up to date and temperatures were within facility policy recommendations, and failed to ensure expired foods were not available for resident use for 5 residents (Resident #17, #39, #51, #58, and #64) of 11 resident refrigerators observe.</p> <p>The findings include:</p> <p>Review of the facility's undated policy titled, Resident Refrigerators, revealed .refrigerators are allowed in a resident's room under the following conditions: refrigerator maintains proper temperatures .facility staff shall record refrigerator temperatures daily on a temperature log .temperatures will be below 41 [degrees] [Fahrenheit] [(F)] .foods with use-by dates shall be discarded accordingly .</p> <p>Review of the medical record revealed Resident #17 was admitted to the facility on [DATE] with diagnoses including Vascular Dementia, Hemiplegia, Muscle Weakness, Diabetes, and Chronic Kidney Disease.</p> <p>Review of an annual Minimum Data Set (MDS) assessment dated [DATE], revealed Resident #17 scored 15 on the Brief Interview for Mental Status (BIMS) assessment which indicated the resident was cognitively intact.</p> <p>During an observation on 6/16/2025 at 11:20 AM, in Resident #17's room, revealed a piece of paper on the side of the refrigerator titled, Temperature Log .June 2025 .Location 209 B . The temperature log revealed no temperature recording on days 6/14/2025 and 6/15/2025</p> <p>Review of the medical record revealed Resident #39 was admitted to the facility on [DATE] with diagnoses including Alzheimer's Disease, Cerebral Vascular Accident, Hemiplegia, and Obstructive Sleep Apnea.</p> <p>Review of a significant change MDS assessment dated [DATE], revealed Resident #39 scored a 15 the BIMS assessment which indicated the resident was cognitively intact.</p> <p>During an observation on 6/18/2025 at 9:35 AM, Resident #39's room, revealed a piece of paper on the side of the refrigerator titled, Temperature Log .June 2025 .Location 210 B . The temperature noted on 6/18/2025 was 44 degrees (F).</p> <p>Review of the medical record revealed Resident #51 was admitted to the facility on [DATE] with diagnoses including Cerebral Infarction, Hemiplegia, Muscle Wasting, Vascular Dementia, and Epilepsy.</p> <p>Review of a quarterly MDS assessment for dated 4/11/2025, revealed Resident #51 scored a 15 on the BIMS assessment which indicated the resident was cognitively intact.</p> <p>(continued on next page)</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 06/18/2025
NAME OF PROVIDER OR SUPPLIER Wexford House		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 0813</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Some</p>	<p>During an observation on 6/16/2025 at 12:39 PM, in Resident #51's room, revealed a piece of paper on the side of the refrigerator titled, Temperature Log .June 2025 .Location 204-B . The temperature noted on 6/14/2025 and 6/15/2025 were recorded as 42 degrees (F) and the temperature noted on 6/16/2025 was recorded at 44 degrees (F). Further observation revealed a 5.3-ounce container of strawberry yogurt with an expiration date of 6/12/2025.</p> <p>Review of the medical record revealed Resident #58 was admitted to the facility on [DATE] with diagnoses including Dementia, Hypertensive Heart Disease, Congestive Heart Failure, Chronic Kidney Disease, and Obstructive Sleep Apnea.</p> <p>Review of a significant change MDS assessment dated [DATE], revealed Resident #58 scored a 12 on the BIMS assessment which indicated moderate cognitive impairment.</p> <p>During an observation on 6/16/2025 at 12:40 PM, in Resident #58's room, revealed a piece of paper on the side of the refrigerator titled, Temperature Log .June 2025 .Location 204 A . The temperature noted on 6/11/2025, 6/12/2025, 6/13/2025, and 6/14/2025 was recorded as 42 degrees (F) and the temperature noted on 6/15/2025 and 6/16/2025 was recorded as 60 degrees (F). Review of the thermometer temperature inside the refrigerator revealed the temperature was 73 degrees (F). There were 2 unopened containers of cranberry juice stored in the refrigerator.</p> <p>Review of the medical record revealed Resident #64 was admitted to the facility on [DATE] with diagnoses including Cerebral Vascular Accident, Hemiplegia, Muscle Weakness, and Hypertensive Chronic Kidney Disease.</p> <p>Review of a significant change MDS assessment dated [DATE], revealed Resident #64 scored a 10 on the BIMS assessment which indicated moderate cognitive impairment.</p> <p>During an observation on 6/18/2025 at 9:30 AM, in Resident #64's room, revealed a plastic container of yogurt with an expiration date of 6/10/2025.</p> <p>During an observation and interview on 6/18/2025 at 8:25 AM, the Director of Nursing (DON) confirmed the facility failed to ensure resident refrigerators temperatures were monitored and documented daily, failed to ensure the resident's personal refrigerators maintained a temperature below 41 degrees (F), and failed to ensure expired foods were discarded per facility policy.</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 06/18/2025
NAME OF PROVIDER OR SUPPLIER Wexford House		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 0880</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Provide and implement an infection prevention and control program.</p> <p>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** Based on facility policy review, medical record review, observations, and interviews, the facility failed to ensure proper infection control practices related to hand hygiene were followed during meal service when the staff failed to offer hand hygiene assistance to 3 residents (Resident #178, Resident #34, and Resident #16) of 10 residents observed during meal tray distribution on 1 of 4 hallways.</p> <p>The findings include:</p> <p>Review of the facility's undated policy titled, Hand Hygiene, revealed .all staff will perform proper hand hygiene procedures to prevent the spread of infection .hand hygiene is indicated and will be performed under the conditions listed in .the attached hand hygiene table .[hand hygiene table] condition .before and after eating .</p> <p>Review of the medical record revealed Resident #178 was admitted to the facility on [DATE] with diagnoses including Pelvis Fracture, Chronic Kidney Disease, and Anemia.</p> <p>Review of the comprehensive care plan for Resident #178 revised 5/26/2025, revealed .self-care deficit .assist with ADLs [activities of daily living] .</p> <p>Review of an admission Minimum Data Set (MDS) assessment dated [DATE], revealed Resident #178 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 was dependent upon staff assistance with personal hygiene.</p> <p>During an observation on 6/16/2025 at 12:54 PM, in Resident #178's room, revealed Certified Nursing Assistant (CNA) C brought Resident #178's meal tray into the room and placed the meal tray in front of the resident. CNA C opened the resident's silverware and the clamshell food container. Resident #178 picked up her fork and began eating the meal. Continued observation revealed CNA C failed to offer Resident #178 hand hygiene assistance prior to the resident eating the lunch meal.</p> <p>During an interview on 6/16/2025 at 12:56 PM, Resident #178 stated the staff did not offer hand hygiene assistance prior to the lunch meal service.</p> <p>During an interview on 6/16/2025 at 12:59 PM, CNA C confirmed she failed to offer hand hygiene assistance to Resident #178 prior to serving the lunch meal.</p> <p>Review of the medical record revealed Resident #34 was admitted to the facility on [DATE] with diagnoses including Diabetes, Anxiety, and Weakness.</p> <p>Review of a quarterly MDS assessment dated [DATE], revealed Resident #34 scored a 7 on the BIMS assessment which indicated severe cognitive impairment. Further review revealed the resident required substantial or maximal assistance with personal hygiene.</p> <p>Review of the comprehensive care plan for Resident #34 revised 4/2/2025, revealed .self care deficit .assist with ADLs as needed .</p> <p>(continued on next page)</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 06/18/2025
NAME OF PROVIDER OR SUPPLIER Wexford House		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 0880</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>During an observation on 6/16/2025 at 12:55 PM, in Resident #34's room, revealed CNA D brought Resident #34's meal tray into the room and placed the meal tray in front of her. CNA D opened the resident's silverware. Resident #34 picked up her fork and began eating the meal. Continued observation revealed CNA D failed to offer Resident #34 hand hygiene assistance prior to the resident eating the lunch meal.</p> <p>Review of the medical record revealed Resident #16 was admitted to the facility on [DATE] with diagnoses including Hemiplegia, Chronic Respiratory Failure, and Heart Failure.</p> <p>Review of a significant change MDS assessment dated [DATE], revealed Resident #16 scored a 9 on the BIMS assessment which indicated moderate cognitive impairment. Further review revealed the resident required substantial or maximal assistance with personal hygiene.</p> <p>Review of the comprehensive care plan for Resident #16 revised 4/30/2025, revealed .self-care deficit .assist with ADLs as needed .</p> <p>During an observation on 6/16/2025 at 12:59 PM, in Resident #16's room, revealed CNA D brought Resident #16's meal tray into the room and placed the meal tray in front of the resident. CNA D opened the resident's silverware. Resident #16 picked up her fork and began eating the meal. Continued observation revealed CNA D failed to offer Resident #16 hand hygiene assistance prior to the resident eating the lunch meal.</p> <p>During an interview on 6/16/2025 at 1:00 PM, CNA D confirmed she failed to offer hand hygiene assistance to Resident #34 and Resident #16 prior to serving the lunch meal.</p> <p>During an interview on 6/18/2025 at 9:35 AM, the Director of Nursing (DON) stated the staff were to offer hand hygiene assistance to all residents before meal service. The DON confirmed infection prevention and control practices were not maintained during the lunch meal service on 6/16/2025 when the staff failed to offer hand hygiene assistance to the residents prior to the lunch meal service.</p>		