

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 445215	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 06/04/2025
NAME OF PROVIDER OR SUPPLIER Heritage Center, The		STREET ADDRESS, CITY, STATE, ZIP CODE 1026 McFarland Street Morristown, TN 37814	

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 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>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** Based on Centers for Medicare & Medicaid Services (CMS) Long-Term Care Facility Resident Assessment Instrument (RAI) 3.0 User's Manual, medical record review, and interview, the facility failed to accurately complete a Minimum Data Set (MDS) assessment for 1 resident (Resident #94) of 25 residents reviewed.</p> <p>The findings include:</p> <p>Review of the CMS Long-Term Care Facility RAI 3.0 User's Manual, dated 10/2024, revealed .Check all treatments, procedures, and programs that the resident received or performed after admission/entry .to the facility and within the last 14 days .Dialysis .Code .renal dialysis which occurs at the nursing home or at another facility .</p> <p>Review of the medical record revealed Resident #94 was admitted to facility on 2/26/2025 with diagnoses including End Stage Renal Disease (ESRD), Chronic Obstructive Pulmonary Disease, Diabetes, Vascular Dementia, and Other Abnormalities of Gait and Mobility.</p> <p>Review of the Medication Administration Record (MAR) for Resident #94 dated 2/1/2025 - 2/28/2025, revealed .Order Date .02/26/2025 .Dialysis patient .Send to dialysis .every Mon [Monday] .Wed [Wednesday] .Fri [Friday] for dialysis treatment .</p> <p>Review of the comprehensive care plan for Resident #94 dated 2/26/2025, revealed .Hemodialysis [Dialysis] r/t [related to] ESRD .Dialysis treatments as ordered .</p> <p>Review of an admission MDS assessment dated [DATE], revealed Resident #94 did not receive dialysis while a resident at the facility.</p> <p>During an interview on 6/4/2025 at 5:23 PM, the Clinical Reimbursement Specialist reviewed the medical record and stated Resident #94 received dialysis treatments on 2/28/2025 and 3/3/2025. The Clinical Reimbursement Specialist confirmed Resident #94's admission MDS assessment dated [DATE] did not reflect the received dialysis treatments and was not coded correctly.</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 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, and interview, the facility failed to develop a person-centered, comprehensive care plan for 1 resident (Resident #57) of 25 residents reviewed for care plans.</p> <p>The findings include:</p> <p>Review of the facility's policy titled Care Planning-Baseline, Comprehensive and Routine Updates dated 11/25/2024, revealed .facility to develop and implement a comprehensive person centered care plan for each resident .that includes measurable objectives .to meet a residents medical nursing .needs that are identified .</p> <p>Review of the facility's policy titled Enhanced Barrier Precautions (EBP), revealed .EBP are indicated for residents with .Indwelling medical device .EBP should be used for any residents who meet .criteria .wherever they reside in the facility .</p> <p>Review of the medical record revealed Resident #57 was admitted to the facility on [DATE] with diagnoses including Type 2 Diabetes Mellitus, Chronic Respiratory Failure with Hypoxia, Congestive Heart Failure, End Stage Renal Disease, and Muscle Weakness.</p> <p>Review of a nursing admission assessment for Resident #57 dated 3/7/2025, revealed .permacath [a catheter with a long, flexible tube with 2 hollow bores that is surgically inserted into a large vein, typically neck or chest to provide dialysis treatment] rt [right] chest .</p> <p>Review of the comprehensive care plan for Resident #57 dated 3/7/2025, revealed the resident did not have a care plan developed to include the permacath and EBP.</p> <p>Review of an annual Minimum Data Set (MDS) assessment dated [DATE], revealed Resident #57 scored a 9 on the Brief Interview for Mental Status (BIMS) assessment which indicated the resident had moderate cognitive impairment.</p> <p>Review of the medical record revealed Resident #57 received dialysis on Mondays, Wednesdays, and Fridays.</p> <p>During an observation on 6/3/2025 at 10:00 AM, revealed Resident #57 had a permacath located to the right chest area that is utilized for dialysis treatment. The site was covered by a bandage and was clean and dry.</p> <p>During an interview on 6/4/2025 at 5:01 PM, the Director of Nursing (DON) stated the facility's policy was for each resident to have an accurate person centered comprehensive care plan specific to the resident's medical and nursing needs. The DON stated her expectation if a resident received dialysis was the residents care plan would include the vascular access (permacath) used to provide dialysis as well as enhanced barrier precautions. The DON confirmed the facility failed to develop a care plan to include the Resident #57's permacath access and EBP precautions.</p>		

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<p>F 0698</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Some</p>	<p>Provide safe, appropriate dialysis care/services for a resident who requires such services.</p> <p>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** Based on facility contract review, medical record review, and interviews, the facility failed to ensure the dialysis communication records were completed for 2 residents (Resident #57 and Resident #94) of 3 residents reviewed for dialysis.</p> <p>The findings include:</p> <p>Review of the facility's dialysis contract dated 1/21/2009, revealed .facility shall .have primary responsibility for maintaining all resident records .</p> <p>Review of the facility's policy titled, Hemodialysis Offsite Policy, revised 9/6/2024, revealed .The facility assures that each resident receives care and services .consistent with professional standards of practice . care of the resident receiving dialysis services must reflect ongoing communication, coordination and collaboration between the facility and dialysis staff .Obtain vital signs of the resident upon return from dialysis and complete the Pre/Post Dialysis Communication Form .</p> <p>Review of the medical record revealed Resident #57 was admitted to the facility on [DATE] with diagnoses including Diabetes, Chronic Respiratory Failure with Hypoxia, Congestive Heart Failure, End Stage Renal Disease (ESRD), and Muscle Weakness.</p> <p>Review of the comprehensive care plan for Resident #57 dated 3/6/2025, revealed .Dialysis .r/t [related to] renal failure .Dialysis treatments as ordered .Check VITAL SIGNS as ordered .Observe for bleeding at dialysis access site .</p> <p>Review of an annual Minimum Data Set (MDS) assessment dated [DATE], revealed Resident #57 scored a 9 on the Brief Interview for Mental Status (BIMS) assessment which indicated the resident had moderate cognitive impairment.</p> <p>Review of the medical record revealed Resident #57 received dialysis on Mondays, Wednesdays, and Fridays.</p> <p>Review of the faciity's documentation titled, PRE/POST DIALYSIS COMMUNICATION, for Resident #57 dated 5/2/2025 through 5/30/2025, revealed incomplete documentation on the following dates: .5/2/2025 .POST DIALYSIS .Weight in lbs [pounds] .[blank] .5/5/2025 .PRE-DIALYSIS .Weight in lbs .[blank] .POST DIALYSIS .Weight in lbs .[blank] .5/7/2025 .POST DIALYSIS .Weight in lbs .[blank] .Change in site .[blank] .5/9/2025 .POST DIALYSIS .Weight in lbs .[blank] .5/12/2025 .POST DIALYSIS .Weight in lbs .[blank] .Change in site .[blank] .5/14/2025 .PRE-DIALYSIS .Weight in lbs .[blank] .POST DIALYSIS .Weight in lbs .[blank] .5/16/2025 .PRE-DIALYSIS .Is Resident on Antibiotic .[blank] .POST DIALYSIS .Temp [temperature] .Pulse .Resp [respirations] .BP [blood pressure] .Weight in lbs [blank] .Change in site .[blank] .Signature/Title .[blank] .Date .[blank] .Time .[blank] .5/19/2025 .PRE-DIALYSIS .Weight in lbs .[blank] .POST DIALYSIS .Weight in lbs .[blank] .5/21/2025 .POST DIALYSIS .Weight in lbs .[blank] .5/23/2025 .POST DIALYSIS .Weight in lbs .[blank] .5/26/2025 .PRE-DIALYSIS .Weight in lbs .[blank] .POST DIALYSIS .Weight in lbs .[blank] .5/28/2025 .PRE-DIALYSIS .Weight in lbs .[blank] .POST DIALYSIS .Weight in lbs .[blank] .5/30/2025 .POST DIALYSIS .Weight in lbs .[blank] .</p> <p>(continued on next page)</p>		

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<p>F 0698</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Some</p>	<p>Review of the medical record revealed Resident #94 was admitted to the facility on [DATE] with diagnoses including ESRD, Chronic Obstructive Pulmonary Disease, Diabetes, Vascular Dementia, and Other Abnormalities of Gait and Mobility.</p> <p>Review of the medical record revealed Resident #94 received dialysis on Mondays, Wednesdays, and Fridays.</p> <p>Review of the comprehensive care plan for Resident #94 dated 2/26/2025, revealed .Hemodialysis r/t ESRD .Dialysis treatments as ordered. Observe for bleeding at dialysis access site .Vital signs per facility protocol .</p> <p>Review of the facility's documentation titled, PRE/POST DIALYSIS COMMUNICATION, for Resident #94 dated 4/30/2025 through 5/30/2025, revealed incomplete documentation on the following dates: .4/30/2025 .PRE-DIALYSIS .Weight in lbs .[blank] .5/2/2025 .PRE-DIALYSIS .Temp .Pulse .Resp .BP .POST DIALYSIS .Weight in lbs .Change of site .[blank] .5/5/2025 .PRE-DIALYSIS .Weight in lbs .[blank] .5/7/2025 .PRE-DIALYSIS .Temp .Pulse .Resp .BP .POST DIALYSIS .Weight in lbs .Change of site .[blank] .5/9/2025 .PRE-DIALYSIS .Temp .Pulse .Resp .BP .Weight in lbs .POST DIALYSIS .Change of site .[blank] .5/12/2025 .PRE-DIALYSIS .Any meds given to the resident to take at the dialysis center .Meal given to the resident to take to the dialysis center .POST DIALYSIS .Pulse .Weight in lbs .Change of site .[blank] .5/14/2025 .PRE-DIALYSIS .Weight in lbs .[blank] .5/16/2025 .PRE-DIALYSIS .Weight in lbs .POST DIALYSIS .Weight in lbs .[blank] .5/19/2025 .PRE-DIALYSIS .Weight in lbs .[blank] .5/21/2025 .POST DIALYSIS .Weight in lbs .Change of site .[blank] .5/23/2025 .PRE-DIALYSIS .Weight in lbs .[blank] .5/26/2025 .PRE-DIALYSIS .Weight in lbs .POST DIALYSIS .Weight in lbs .[blank] .5/28/2025 .PRE-DIALYSIS .Weight in lbs .[blank] .5/30/2025 .POST DIALYSIS .Weight in lbs .[blank] .</p> <p>During an interview on 6/4/2025 at 5:01 PM, the Director of Nursing (DON) stated the PRE/POST DIALYSIS COMMUNICATION forms were to be completed for dialysis residents as outlined in the facility's policy. The DON confirmed the form was to be completed in its entirety. The DON confirmed the dialysis communication forms were not completed in its entirety for Resident #37 and Resident #94.</p>		

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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>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** Based on facility policy review, observation, and interviews, the facility failed to ensure expired intravenous (IV) medications were discarded and not available for resident use in 1 of 3 medication storage rooms observed.</p> <p>The findings include:</p> <p>Review of the facility's policy titled, Delivery & Storage of Medications and Supplies, revised [DATE], revealed .to be performed by licensed nurses .expiration dates will be checked .</p> <p>During an observation in the Unit 3 medication storage room on [DATE] at 9:18 AM, revealed twenty-one, 5-milliliter (ml) syringes of Heparin lock flush (IV medication used to prevent the formation of blood clots) with an expiration date of [DATE]. Further observation revealed ten syringes (5-ml) of Heparin lock flush with an expiration date of [DATE].</p> <p>During an interview on [DATE] at 9:23 AM, the Staff Development Coordinator (SDC) confirmed the 31 syringes of Heparin flush was expired and available for resident use. The SDC stated expired IV medications should be discarded and not used.</p> <p>During an interview on [DATE] at 10:11 AM, the Director of Nursing (DON) stated medications to include IV medications, should be discarded by the manufacturer's expiration date listed on the syringe. The DON confirmed the 31 syringes of Heparin lock flush was expired, available for resident use, and should be discarded.</p>		

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<p>F 0810</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Provide special eating equipment and utensils for residents who need them and appropriate assistance.</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 an assistive meal device (divided plate) for 1 resident (Resident #79) of 7 residents reviewed for nutrition.</p> <p>The findings include:</p> <p>Review of the facility's policy titled, Assistive Devices-Special Eating Equipment, revised 4/25/2023, revealed .The facility provides residents with special eating equipment and assistive devices as deemed necessary . the facility must provide appropriate assistive devices to residents who need them to maintain or improve their ability to eat or drink independently .</p> <p>Review of the medical record revealed Residents #79 was admitted to the facility on [DATE] with Metabolic Encephalopathy, Malnutrition, Dysphagia, and Cognitive Communication Deficit.</p> <p>Review of a Communication Order for Resident #79 dated 3/5/2025, revealed a new order for the resident to use a divided plate at every meal.</p> <p>Review of a quarterly Minimum Data Set (MDS) assessment dated [DATE], revealed Resident #79 scored a 7 on the Brief Interview for Mental Status (BIMS) assessment which indicated the resident was cognitively impaired. Further review revealed the resident required set up or clean up assistance for eating and received a mechanically altered diet.</p> <p>Review of a Nutrition Data Collection assessment dated [DATE], revealed Resident #79 required the use of a divided plate with meals.</p> <p>Review of the comprehensive care plan for Resident #79 revised 5/13/2025, revealed .ADL [activities of daily living] self-care performance deficit .impaired mobility . provide adaptive equipment and devices .assist with meals as needed .resident requires assistance with feeding at times .</p> <p>During an observation on 6/2/2025 at 8:04 AM, in Residents #79's room, revealed Resident #79 was eating breakfast and the resident's food was served on a regular plate (not a divided plate). Further review revealed the meal information card placed on Resident's #79's tray stated the resident required a divided plate with meals.</p> <p>During an observation on 6/2/2025 at 12:58 PM, in Resident's #79's room, revealed Resident #79 was eating lunch and the resident's food was served on a regular plate (not a divided plate). Further review revealed the meal information card placed on Resident's #79's tray stated the resident required a divided plate with meals.</p> <p>During an interview on 6/3/2025 at 1:05 PM, Certified Nursing Assistant (CNA) J stated Resident #79 required the use of a divided plate to promote independence with meals.</p> <p>(continued on next page)</p>		

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F 0810 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	During an interview on 6/4/2025 at 9:05 AM, the Assistant Director of Rehab (ADOR) stated if assistive devices are ordered for the residents, the staff should ensure those devices are used during meals. The ADOR confirmed the facility failed to provide the assistive device (divided plate) ordered for Resident #79 on 6/2/2025 for the breakfast and lunch meals observed.		

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<p>F 0813</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</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, observation, and interview, the facility failed to follow the facility's policy for food items stored in 1 residents' personal refrigerator (Resident #32) of 24 residents' personal refrigerators observed.</p> <p>The findings include:</p> <p>Review of the facility's policy titled, Resident Refrigerators, revised 4/30/2025, revealed .The facility will meet the safety and sanitation requirements for the residents .using personal refrigerators to store food for resident consumption .Facility staff will check individual food items weekly for expiration dates and discard outdated food promptly from the residents' refrigerator .</p> <p>Review of the medical record revealed Resident #32 was admitted to the facility on [DATE] with diagnoses including Chronic Obstructive Pulmonary Disease, Chronic Respiratory Failure, Right Heart Failure, Alzheimer's Disease, and Dementia.</p> <p>Review of an annual Minimum Data Set (MDS) assessment dated [DATE], revealed Resident #32 scored a 12 on the Brief Interview for Mental Status (BIMS) assessment which indicated the resident had moderate cognitive impairment.</p> <p>During an observation on 6/2/2025 at 8:20 AM, in Resident #32's room, revealed the resident's personal refrigerator at the bedside. Further observation revealed the contents of the refrigerator contained 3 unopened nutritional shakes with an expiration date of 9/26/2022 available and ready for consumption.</p> <p>During an observation and interview on 6/2/2025 at 8:30 AM, Licensed Practical Nurse (LPN) K observed the 3 unopened nutritional shakes and verified the expiration date on the 3 shakes was 9/26/2022. LPN K stated she was unsure who was responsible for checking residents' personal refrigerators to discard expired items.</p> <p>During an interview on 6/4/2025 at 5:30 PM, the Director of Nursing (DON) stated any staff member could check resident refrigerators, but it was the primary responsibility of housekeeping to check the resident refrigerators on Friday's. The DON stated it was her expectation for resident refrigerators to be checked weekly and that any expired food would be discarded and not available for resident consumption. The DON confirmed the 3 nutritional shakes in Resident #32's personal refrigerator were expired and should have been discarded according to the facility's policy.</p>

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<p>F 0842</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Safeguard resident-identifiable information and/or maintain medical records on each resident that are in accordance with accepted professional standards.</p> <p>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** Based on facility policy review, medical record review, observation, and interviews, the facility failed to ensure the medical record was complete and accurate related to dialysis access assessments for 1 resident (Resident #410) of 25 residents reviewed for medical records.</p> <p>The findings include:</p> <p>Review of the facility's policy titled, Correction of Medical Record Errors and Omissions, dated 2/21/2025, revealed .the facility maintains accurate records .</p> <p>Review of the medical record revealed Resident #410 was admitted to the facility on [DATE] with diagnoses including Dependence on Renal Dialysis, End Stage Renal Disease, and Muscle Weakness.</p> <p>Review of an admission Collection Assessment for Resident #410 dated 5/29/2025, revealed .Skin pink, warm and dry. Dialysis port .right upper chest .</p> <p>Review of the Baseline Care Plan for Resident #410 dated 5/29/2025, revealed .dialysis treatments as ordered .observe for bleeding at dialysis access site .</p> <p>Review of an Order Summary Report for Resident #410 dated 5/29/2025, revealed .Dialysis patient .Send to dialysis .every Mon [Monday] .Wed [Wednesday] .Fri [Friday] for dialysis treatment .Dialysis Resident: Assess shunt site (surgically created connection between an artery and a vein in the arm for dialysis treatments) for thrill/bruit and bleeding every shift for dialysis care .</p> <p>Review of the Medication Administration Record (MAR) for Resident #410 dated 5/2025, revealed an administration order for .dialysis resident: assess shunt site for thrill/bruit and bleeding every shift for dialysis care . Further review revealed Licensed Practical Nurse (LPN) F documented she assessed Resident #410's dialysis shunt for bruit and thrill and bleeding on 5/30/2025 and 5/31/2025.</p> <p>Review of the MAR for Resident #410 dated 6/2025, revealed an administration order for .dialysis resident: assess shunt site for thrill/bruit and bleeding every shift for dialysis care . Further review revealed LPN E documented she assessed Resident #410's dialysis shunt for bruit and thrill and bleeding on 6/1/2025 and 6/3/2025. Continued review revealed LPN G documented she assessed Resident #410's dialysis shunt for bruit and thrill and bleeding on 6/2/2025.</p> <p>During an observation on 6/3/2025 at 9:35 AM, revealed Resident #410 had a permacath (catheter inserted into a vein in the neck or chest used for dialysis treatments) located to the right upper chest area. The site was covered by a transparent bandage and was clean and dry.</p> <p>(continued on next page)</p>

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<p>F 0842</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>During an interview on 6/4/2025 at 3:24 PM, LPN E stated she cared for Resident #410 on 6/1/2025 and 6/3/2025. LPN E stated she signed the MAR to acknowledge she completed the assessment of Resident #410's shunt site. LPN E stated when she reviewed the order for administration, she was aware the dialysis site was the resident's permacath to the right chest and assessed the permacath site for signs of bleeding and infection. LPN E stated Resident #410 did not have a shunt site for dialysis. LPN E stated she failed to ensure the documentation was completed accurately to reflect her assessment of Resident #410's permacath dialysis site.</p> <p>During an interview on 6/4/2025 at 3:32 PM, LPN F stated she cared for Resident #410 on 5/30/2025 and 5/31/2025. LPN F stated she signed the MAR to acknowledge she completed the assessment of Resident #410's shunt site. LPN F stated she was aware Resident #410's dialysis site was the permacath to the right chest and assessed the permacath site for signs of bleeding and infection. LPN F stated Resident #410 did not have a shunt site for dialysis. LPN F stated she failed to accurately document her assessment of Resident #410's permacath dialysis site on the MAR.</p> <p>During a telephone interview on 6/4/2025 at 4:26 PM, LPN G stated she cared for Resident #410 on 6/2/2025. LPN G stated she signed the MAR to acknowledge she completed the assessment of Resident #410's shunt site. LPN G stated she was aware Resident #410's dialysis site was the permacath to the right chest and assessed the permacath site for signs of bleeding and infection. LPN G stated she failed to ensure the documentation was accurate to reflect her assessment of Resident #410's permacath dialysis site.</p> <p>During an interview on 6/4/2025 at 4:52 PM, the Director of Nursing (DON) confirmed the facility failed to ensure documentation in the medical record was accurate for Resident #410's dialysis access site assessments on 5/30/2025 through 6/3/2025. The DON stated she expected the information documented in the medical record to accurately reflect the assessments and services provided to each resident.</p>		

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NAME OF PROVIDER OR SUPPLIER Heritage Center, The		STREET ADDRESS, CITY, STATE, ZIP CODE 1026 McFarland Street Morristown, TN 37814	
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<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 offer hand hygiene assistance prior to meals to 3 residents (Residents #263, #59, and #262) on 1 of 4 units observed for meal tray distribution, failed to ensure appropriate Personal Protective Equipment (PPE) was donned for 1 resident (Resident #261) of 8 residents observed on Enhanced Barrier Precautions (EBP), and failed to ensure resident drinks were served in a sanitary manner related to improper ice scoop storage on 1 of 4 units observed during meal service.</p> <p>The findings include:</p> <p>Review of the facility's policy titled, Hand Hygiene for Residents, Families, and Visitors, reviewed 6/3/2024, revealed .The facility should assist either physically or through reminders to residents to perform hand hygiene .before meals .</p> <p>Review of the facility's policy titled, Ice Chests, reviewed 6/3/2024, revealed .procedure .ice handlers .ice scoops used .should be kept .in a mounted holder when not in use .keep the container doors closed .</p> <p>Review of the facility's policy titled, Enhanced Barrier Precautions, revised 4/22/2025, revealed .The facility should use Enhanced Barrier Precautions (EBP) .for residents that meet the following criteria, during high-contact resident care activities .EBP are indicated for residents with .indwelling medical devices even if the resident is not known to be infected or colonized with a MDRO [Multi-Drug Resistant Organism] . Indwelling medical examples include .feeding tubes .(EBP) .refer to an infection control intervention designed to reduce transmission of multidrug-resistant organisms that employs targeted gown and glove use during high contact resident care activities .High contact activities .include .transferring .medical device care or use . The facility should develop a process to communicate which residents require the use of EBP for all high-contact resident care activities. The facility may choose to post signage on the door or wall outside of the resident room indicating the resident is on Enhanced Barrier Precautions .Device care or use .feeding tube .</p> <p>Review of the medical record revealed Resident #263 was admitted to the facility on [DATE] with diagnoses including Metabolic Encephalopathy, Osteoarthritis, and Urinary Tract Infection.</p> <p>Review of Resident #263's comprehensive care plan dated 5/27/2025, revealed .ADL [Activities of Daily Living] Assistance .needed .Assist with .ADLs as needed . Continued review revealed .resident has a Urinary Tract Infection .impaired cognitive ability/impaired thought processes .</p> <p>Review of a facility document for Resident #263 titled, IDT [Interdisciplinary Team]: Decision to Support Section GG: Admission/Readmission, dated 5/29/2025, revealed the resident required supervision or touching assistance for eating and substantial/maximal assistance for personal hygiene.</p> <p>During an observation on 6/2/2025 at 12:45 PM, Restorative Certified Nursing Assistant (CNA) A delivered the lunch meal tray to Resident #263. Restorative CNA A repositioned Resident #263 in bed, assisted the resident to set up the meal tray, and exited the room without offering hand hygiene to Resident #263.</p> <p>(continued on next page)</p>		

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<p>F 0880</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Review of the medical record revealed Resident #59 was admitted to the facility on [DATE] with diagnoses including Urinary Tract Infection, Muscle Weakness, and Depression.</p> <p>Review of the admission Minimum Data Set (MDS) assessment dated [DATE], revealed Resident #59 scored a 13 on the Brief Interview for Mental Status (BIMS) assessment which indicated the resident was cognitively intact. Resident #59 required set up or clean up assistance for eating and partial/moderate assistance for personal hygiene.</p> <p>Review of Resident #59's comprehensive care plan dated 5/28/2025, revealed .resident has an ADL self-care performance deficit .resident feeds self after [NAME] [tray] set up .PERSONAL HYGIENE .requires moderate assist .</p> <p>During an observation on 6/2/2025 at 12:46 PM, CNA B donned a gown and gloves prior to entering Resident #59's room and delivered the lunch meal tray to Resident #59. CNA B set up the tray for Resident #59, doffed the PPE, and exited the room without offering hand hygiene assistance to the resident.</p> <p>During an interview on 6/2/2025 at 12:51 PM, CNA B stated residents were to be offered hand sanitizer or taken to the sink to wash their hands prior to meals. CNA B confirmed she had not offered hand hygiene assistance to Resident #59.</p> <p>Review of the medical record revealed Resident #262 was admitted to the facility on [DATE] with diagnoses including Type 2 Diabetes Mellitus, Osteoarthritis, and Adult Failure to Thrive.</p> <p>Review of Resident #262's comprehensive care plan dated 5/28/2025, revealed .ADL Assistance .needed . Assist with .ADLs as needed .</p> <p>Review of a facility document for Resident #262 titled, IDT: Decision to Support Section GG: Admission/Readmission, dated 5/30/2025, revealed the resident required supervision or touching assistance for eating and personal hygiene.</p> <p>During an observation on 6/2/2025 at 12:52 PM, Restorative CNA A delivered the lunch meal tray to Resident #262 and exited the room without offering hand hygiene assistance to the resident.</p> <p>During an interview on 6/2/2025 at 12:53 PM, Restorative CNA A stated .I'm pretty sure you're supposed to offer them [residents] a wipe prior to meals . Restorative CNA A confirmed she had not offered hand hygiene assistance prior to the lunch meal for Residents #263 and #262.</p> <p>During an interview on 6/2/2025 at 3:30 PM, the Director of Nursing (DON) confirmed all residents were to be offered hand hygiene assistance prior to meals by assisting the resident to the sink to wash their hands or hand sanitizer.</p> <p>Review of the medical record revealed Resident #261 was admitted to the facility on [DATE] with diagnoses including Acute Respiratory Failure, Other Artificial Openings of Gastrointestinal Tract, and Pneumonia.</p> <p>(continued on next page)</p>		

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<p>F 0880</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Review of the Order Summary Report revealed an order dated 5/27/2025 for .Enteral Feed Order [a method of providing nutrition directly into the gastrointestinal tract through a tube] .Jevity [enteral feed]1.5 at .60 ml [milliliters]/hour x [times] .24 .hours via pump .Flush with .100 .ml purified water every .4 hours .</p> <p>Review of the Order Summary Report dated 5/28/2025, revealed .Enhanced barrier precautions r/t [related to] feeding tube . Continued review revealed .Turn tube feeding off at 11am one time a day .Turn tube feeding on at 3pm one time a day .</p> <p>Review of the comprehensive care plan for Resident #261 dated 5/28/2025, revealed .requires tube feeding history of Larynx [area of throat containing the vocal cords] CA [cancer] .Enhanced barrier precautions .</p> <p>During an observation on 6/2/2025 at 11:39 AM, Resident #261 was lying in bed. Jevity 1.5 was infusing at 60 ml/hour with a water flush infusing at 100 ml every 4 hours. There was no signage present in Resident #261's room or outside the door to indicate the resident required EBP.</p> <p>During an interview on 6/2/2025 at 11:43 AM, Unit Manager D stated Resident #261 received tube feeding through a Percutaneous endoscopic gastrostomy (PEG) tube and the resident did not require enhanced barrier or isolation precautions.</p> <p>During an observation on 6/2/2025 at 11:46 AM, with Registered Nurse (RN) C and Unit Manager D in Resident #261's room, RN C disconnected the resident's tube feeding, flushed the PEG tube with a syringe, capped the tube feeding tubing, and turned off the tube feeding pump. RN C stated Resident #261's tube feeding was disconnected for 4 hours per day. RN C wore gloves while handling the resident's PEG tube and did not wear a gown. RN C stated gloves were required PPE for PEG tube management. There was no signage present in Resident #261's room or outside the door to indicate the resident required EBP.</p> <p>During an observation on 6/2/2025 at 12:39 PM, there was signage posted on Resident #261's sharps disposal container inside the room that read, .ENHANCED BARRIER PRECAUTIONS .PROVIDERS AND STAFF MUST .Wear gloves and a gown for the following High-Contact Resident Care Activities .Device care or use .feeding tube .</p> <p>During an interview on 6/2/2025 at 12:40 PM, Unit Manager D confirmed Resident #261 had a PEG tube and required Enhanced Barrier Precautions. Unit Manager D stated staff knew what PPE was required and when for a resident on Enhanced Barrier Precautions by signage posted on the door. Unit Manager D and this surveyor reviewed the signage posted inside Resident #261's room on the sharps container and confirmed according to the signage, a gown and gloves were required for management of a feeding tube. Unit Manager D stated the Infection Preventionist made her aware after the observation on 6/2/2025 at 11:46 AM that management of feeding tubes required gown and gloves, and the EPB signage had been posted after the observation. Unit Manager D confirmed RN C had not worn a gown when he flushed and disconnected Resident #261's tube feeding on 6/2/2025 at 11:46 AM.</p> <p>During an interview on 6/2/2025 at 1:05 PM, RN C stated he knew what residents were in isolation or enhanced barrier precautions and what PPE was required by signage posted on the door. RN C confirmed he had not worn a gown to flush and disconnect Resident #261's tube feeding on 6/2/2025 at 11:46 AM and the signage had not been posted until after the observation.</p> <p>(continued on next page)</p>		

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<p>F 0880</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>During an interview on 6/2/2025 at 10:50 AM, the Infection Preventionist (IP) stated EBP including gown gloves were required for management of invasive lines including PEG tubes. The IP stated staff knew residents that required EBP orders in the computer and signage posted at the entrance to the room on the door.</p> <p>During an observation on 6/2/2025 at 12:21 PM, revealed Certified Nursing Assistant (CNA) H was preparing the residents' drinks during the meal service on unit 1. CNA H removed the ice scoop from the ice scoop holder to scoop ice from the ice storage container into a drinking glass. CNA H placed the ice scoop into the ice storage container and failed to place the ice scoop back into the ice scoop holder for proper storage. Continued observation revealed the ice storage container's lid could not close appropriately due to the ice scoop was improperly stored in the ice, leaving the ice supply for resident drinks open to air and potential contamination.</p> <p>During an interview on 6/2/2025 at 12:26 PM, CNA H confirmed he failed to appropriately store the ice scoop after use when he placed the ice scoop in the ice storage container and not in the ice scoop holder to store between uses.</p> <p>During an interview on 6/3/2025 at 12:24 PM, the Director of Nursing (DON) stated when staff are using the ice scoop to prepare residents' drinks, the staff must place the ice scoop back into the ice scoop holder for appropriate storage to prevent possible contamination . The DON confirmed the facility failed to provide a sanitary environment during meal service on 6/2/2025 when CNA H failed to appropriately store the ice scoop.</p>		