STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	445224	A. Building B. Wing	07/25/2024

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Henry County Healthcare Ctr	239 Hospital Circle Paris, TN 38242

For information on the nursing home's plan to correct this deficiency, please contact the nursing home or the state survey agency.

(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (Each deficiency must be preceded by full regulatory or LSC identifying information)
F 0880 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Provide and implement an infection prevention and control program. **NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 38439 Based on policy review, medical record review, observation, and interview, the facility failed to ensure proper infection control practices were followed during medication administration when 2 of 4 Licensed Practical Nurses (LPN A, and B) failed to perform proper hand hygiene and failed to allow proper drying time for the use of the blood glucose (machine used to measure sugar in the blood) meter after use, and when 1 of 2 (LPN D) failed to clean the enteral feeding syringe (plastic syringe used to give medications or feeding supplements to residents through a plastic tube connected to the stomach) after use, and when Certified Nurse Assistant (CNA P) failed to wear Protective Protection Equipment (PPE) while providing care to a resident on contact isolation. The findings include: 1. Review of the facility's undated policy titled, Glucometer Disinfection, revealed, The facility will ensure blood glucometers will be cleaned and disinfected after each use and according to manufacturer's instructions for multi-resident use .Glucometers should be cleaned and disinfected after each use and according to manufacturer's instructions regardless of whether they are intended for single resident or multiple resident use . Review of the undated manufacturer's guidelines titled, Super Sani-Cloth GERMICIDAL DISPOSAL WIPE, revealed, .SPECIAL INSTRUCTIONS FOR CLEANING AND DECONTAMINATION AGAINST HIV-1, HEPATITIS B VIRUS [HBV] AND HEPATITIS C VIRUS [HCV] ON SURFACES/OBJECTS SOILED WITH BLOOD/BODY FLUIDS .When using this product, wear disposable protective gloves .Contact time .Allow surface to remain wet two [2] minutes, let air dry . 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 to other personnel, residents, and visitors. This applies to all staff working in all locations within the facility .Hand hygiene is a general term for cleaning your hands by handwashing with soap and water or to the use of an antiseptic hand rub, also known as alcohol-based hand rub (ABHR) .The use of gloves does not replace hand hygiene. If your task requires gloves, perform hand hygiene prior to donning (putting on) gloves, and immediately after removing gloves .Conditions .Before applying and after and removing personal protective equipment (PPE), including gloves .After handling items potentially contaminated with blood, body fluids, secretions, or excretions .Either Soap Water or Alcohol Based Hand Rub . (continued on next page)

Any deficiency statement ending with an asterisk (*) denotes a deficiency which the institution may be excused from correcting providing it is determined that other safeguards provide sufficient protection to the patients. (See instructions.) Except for nursing homes, the findings stated above are disclosable 90 days following the date of survey whether or not a plan of correction is provided. For nursing homes, the above findings and plans of correction are disclosable 14 days following the date these documents are made available to the facility. If deficiencies are cited, an approved plan of correction is requisite to continued program participation.

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE	TITLE	(X6) DATE

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	445224	A. Building B. Wing	07/25/2024

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Henry County Healthcare Ctr	239 Hospital Circle Paris, TN 38242

For information on the nursing home's plan to correct this deficiency, please contact the nursing home or the state survey agency.

(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (Each deficiency must be preceded by full regulatory or LSC identifying information)
F 0880 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Review of the Centers for Disease Control and Prevention (CDC) Guidelines for Isolation Precautions: Preventing Transmission of Infectious Agents in Healthcare Settings dated September 2018, revealed .when Contact Precautions are used .donning of both gown and gloves upon room entry is indicated to address unintentional contact with contaminated .surfaces . 2. Review of the medical record revealed Resident #60 was admitted on [DATE], with diagnoses including Hemiplegia and Hemiparesis, Diabetes, Atherosclerotic Heart Disease, and Depression. Review of Physician's Order dated 6/1/2024 to 6/30/2024, revealed AC & HS [before meals and at bedtime] . NOVOLOG .(Insulin Aspart) [medication used to lower the sugar in the blood] per sliding scale Subcutaneous . before meals .81-220 .4 units . Observation during medication administration on the [NAME] Wing at the medication cart on 7/23/24 at 11:10 AM, revealed LPN A, donned a clean pair of gloves removed the blood glucometer machine and supplies from the top drawer, locked the cart, knocked and entered Resident #60's bathroom. LPN A then returned to the resident's bedside with a paper towel, placed the paper towel on the bedside table, and placed the supplies on top of the barrier. LPN A obtained Resident #60's blood glucose level with an error message on the machine. LPN A placed all supplies in the biohazard container, removed her gloves, cleaned the machine with a super sani cloth from a clear plastic bag. LPN A immediately exited the resident's room, walked down the hall to the nurses' desk with the blood glucometer machine in her bare hand to the medication cart, and placed the blood glucometer machine in the black storage bag. LPN A donned a clean glove to her right hand, removed a test strip with her left hand and placed the supplies into the gloved right hand, knocked on Resident #60's door with her left hand and entered the resident's room bathroom. LPN A obtained a paper towel from the resident's bathroom, returned to the resident's bedside, and placed supplies on the barrier on the bedside table. LPN A donned a clean glove to her left hand, rechecked Resident #60's blood glucose level (results of 213) and placed the dirty supplies in the biohazard container. LPN A then removed the glove from her right hand, cleaned the machine with a Super Sani cloth with her gloved left hand while holding the blood glucometer machine in her right hand, removed the glove to the left hand. LPN A then immediately returned to the medication cart and placed the blood glucometer machine back into the black storage bag on top of the medication cart. LPA failed to wash and/or sanitize hands upon removal of gloves and failed to allow the blood glucometer machine to air dry for 2 minutes before returning to the black storage bag. Observation during medication administration on the [NAME] Wing, at the medication cart on 7/23/24 at 11:20 AM, revealed LPN A donned a clean pair of gloves, removed and drew up 4 units of Insulin Aspart into an insulin syringe, removed her right glove, failed to wash and/or sanitize her right hand after the removal of her glove. LPN A locked the medication cart, knocked and entered Resident #60's room, donned a clean glove to her right hand, administered the 4 units of insulin into Resident #60's right upper arm and exited the room and returned to the medication cart. 3. Review of the medical record revealed Resident #4 was admitted on [DATE] with diagnoses including Hemiplegia and Hemiparesis, Dysphagia, Aphasia, and Diabetes. Review of an Order Review History Report dated 6/25/2024 to 7/25/2024 revealed, NovoLOG Injection .inject as sliding scale .61-150 = [symbol for equal] 0 No Treatment .subcutaneously before meals and at bedtime or Diabetes . (continued on next page)

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	445224	A. Building B. Wing	07/25/2024

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Henry County Healthcare Ctr	239 Hospital Circle Paris, TN 38242

For information on the nursing home's plan to correct this deficiency, please contact the nursing home or the state survey agency.

(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (Each deficiency must be preceded by full regulatory or LSC identifying information)
F 0880 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Observation during medication administration on South Hall on 7/23/24 at 11:43 AM, revealed LPN B removed supplies from the medication cart to check Resident #4's blood glucose and placed inside of a black storage bag and removed a plastic container of Super Sani clothes from the medication cart. LPN B knocked and entered Resident #4's bathroom, removed a paper towel and placed the supplies and the plastic container of Super Sani cloths on the barrier on top of the over the bed table. LPN B donned a clean pair of gloves, checked Resident #4's blood glucose level, cleaned the blood glucose machine with a Super Sani cloth and immediately placed the blood glucose machine back into the black storage case and zipped it up, placed the trash in the biohazard container, removed her gloves and exited the resident's room and returned to the medication cart. LPN B failed to wash and/or sanitize her hands after removing her gloves and after obtaining Resident #4's blood glucose level. 4. Review of the medical record revealed Resident #22 was admitted on [DATE], with diagnoses including Cerebrovascular Disease, Alzheimer's Disease, Hemiplegia, Dysphagia, Aphasia, Convulsions, and Epilepsy. Review of the Physician Orders dated 6/1/2024 to 6/30/2024 revealed, 1 can pulmocare (meal supplement for residents with enteral feeding tubes) via [by way of] PEG [percutaneous endoscopic gastrostomy tube] (tube inserted into the stomach to administer meal supplements and medications) .IF PT [patient] EATS < [symbol for less than] 25% [symbol for percent] of MEAL, MAY GIVE 1 CAN PULMOCARE .AFTER MEALS . Valproic Acid (medication used for seizures) 250 MG [milligrams] / 5 ML [milliliters] SYRUP .7.5 ml .Three Times Daily .06:00, 14:00, 18:00 for seizures . Observation during medication administration on the South hall medication cart on 7/23/24 at 1:27 PM, revealed LPN D, removed Valproic Acid 7.5 ml solution for Resident # 22. LPN D donned personal protective equipment (PPE), entered the resident's room and bathroom for water, returned to the bedside, donned clean gloves and checked placement and residual with 60 ml of milky stomach content returned back to the resident's stomach. LPN D stated, This is the feeding I just gave him . LPN D removed the plunger from the syringe and flushed with water, administered the Valproic Acid 7.5 ml per gravity, removed the glove from her right hand, returned the syringe and plunger to the plastic bag. LPN D failed to rinse and dry the syringe and plunger before returning to the plastic bag that contained white milky droplets inside the plastic bag. 5. Review of the medical record revealed Resident #54 was admitted on [DATE], with diagnoses that include Benign Prostatic Hyperplasia, Diabetes, Transient ischemic Attack, Hypertension, and Osteoarthritis. Review of Doctor's Order and Progress Note dated 6/24/2024, revealed Patient must use Artificial Tears 3-4 times a day . Observation during medication administration on Cart #2 of the East Hall on 7/23/24 at 2:13 PM, revealed LPN C removed a bottle of Artificial Tears Ophthalmic Solution (medication to lubricate eyes) for Resident # 54. LPN C entered the resident's room, went to the resident's bathroom and washed her hands, donned a clean pair of gloves and returned to the resident's bedside. LPN C removed the cap from the Artificial Tears bottle and placed it on the over the bed table without a barrier. LPN C administered the eye drops, replaced the cap back onto the eye drops, removed her gloves, sanitized her hands and exited the room and returned the eye drops to the medication cart. (continued on next page)

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	445224	A. Building B. Wing	07/25/2024

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Henry County Healthcare Ctr	239 Hospital Circle Paris, TN 38242

For information on the nursing home's plan to correct this deficiency, please contact the nursing home or the state survey agency.

(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (Each deficiency must be preceded by full regulatory or LSC identifying information)
F 0880 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	During an interview on 7/23/24 at 2:54 PM, LPN C confirmed she should have placed the cap of the eye drops on a barrier and that she should have discarded the eye drops and not returned to the medication drawer. During an interview on 7/24/24 at 5:03 PM, the Director of Nursing (DON) was asked when should nursing staff wash their hands. The DON confirmed nursing staff should wash or sanitize their hands when they take off gloves and change their gloves. The DON was asked how the enteral syringe should be stored after use. The DON confirmed the enteral syringe should be rinsed and dried of any residue and they should be stored separated in the plastic bag. The DON was asked how the glucose monitor should be cleaned after use. The DON confirmed that nursing staff should don clean gloves, clean the machine with the approved Super Sani Cloth and placed on a barrier to dry for at least 2 minutes, remove their gloves and wash their hands. The DON was asked what the nursing staff should do with the cap of the eye drops when administering the eye drops. The DON confirmed the cap should be placed on a barrier and replaced once the eye drops have been administered. The DON was confirmed the cap to the eye drops should not be placed on the table without a barrier. 6. Review of the medical record revealed Resident #65 was admitted to the facility on [DATE], with diagnoses including Chronic Obstructive Pulmonary Disease, Congestive Heart Failure, Hypertension, Respiratory Failure, and Palliative Care. Review of the Physician Orders dated 5/31/2024 revealed .CONTACT ISOLATION FOR VRE (Vancomycin-Resistant Enterococcus) (a type of bacteria that is resistant to the antibiotic Vancomycin) IN URINE . During an observation on 7/23/2024 at 1:51 PM, CNA P was observed giving Resident #65 a bed bath without donning PPE. Resident #65 was in contact isolation for VRE in the urine. During an interview on 7/25/24 at 2:36 PM, the Director of Nursing was asked if all staff including contract staff was required to observe contact isolation recommendations. The DON stated, Of course .anyone who provides care is required to dress out.

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	445224	A. Building B. Wing	07/25/2024

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Henry County Healthcare Ctr	239 Hospital Circle Paris, TN 38242

For information on the nursing home's plan to correct this deficiency, please contact the nursing home or the state survey agency.

(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (Each deficiency must be preceded by full regulatory or LSC identifying information)
F 0921 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Make sure that the nursing home area is safe, easy to use, clean and comfortable for residents, staff and the public. **NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 47835 Based on policy review, medical record review, observation, and interview, the facility failed to ensure a safe, sanitary, and comfortable environment for Resident #65 for 1 of as evidenced by a dirty bedpan was observed on the bathroom counter next to open toiletries. Findings include: 1. Review of the facility's undated policy titled, Cleaning and Disinfection of Resident-Care Equipment revealed .Reusable resident-care equipment will be cleaned and disinfected in accordance with the current Centers for Disease Control and Prevention (CDC) Recommendations .Reusable single resident items . include bedpans .Staff shall follow established infection control principles for cleaning and disinfecting reusable . equipment .General guidelines include .each user is responsible for routine cleaning and disinfection of multi-resident items after each use .Direct care staff are responsible for cleaning single-resident equipment when visibly soiled . 2. Review of the medical record revealed Resident #65 was admitted to the facility on [DATE], with diagnoses of Chronic Obstructive Pulmonary Disease, Congestive Heart Failure, Hypertension, Respiratory Failure, and Palliative Care. Observation in Resident #65's bathroom on 7/23/2024 at 7:58 AM, revealed a bedpan with visible brown smears sitting on top of a gray wash basin, next to an open denture cup containing water but no dentures on Resident #65's bathroom counter. During an interview on 7/23/24 at 10:37 AM, Certified Nursing Assistant (CNA) M was asked if a dirty bedpan should be left on the counter with Resident #65's toiletries. CNA M state No, we normally put them in a bag and store them in this cabinet .I will do that right now . During an interview on 7/25/2024 at 2:36 PM, the Director of Nursing (DON) confirmed that all bedpans should be cleaned after each use, bagged, and stored out of sight.

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	445224	A. Building B. Wing	07/25/2024

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Henry County Healthcare Ctr	239 Hospital Circle Paris, TN 38242

For information on the nursing home's plan to correct this deficiency, please contact the nursing home or the state survey agency.

(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (Each deficiency must be preceded by full regulatory or LSC identifying information)
F 0947 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Ensure nurse aides have the skills they need to care for residents, and give nurse aides education in dementia care and abuse prevention. 50408 Based on review of the Certified Nursing Assistant (CNA) staff in-services, and interview the facility failed to ensure the mandatory annual 12 hours of CNA in-services were provided for 15 of 19 staff members (CNAs A, B, C, D, E, F, G, H, I, J, K, L, M, N, and O reviewed for CNA in-servicing training. The findings include: 1. Review of the facility's policy titled, Required Training, Certification and Continuing Education of Nurses Aides, dated 11/2017, revealed It is the policy of this facility to comply with State and Federal regulations and requirements as they pertain to the training, certification, and continuing education of its nurse aides .The facility will provide at least 12 hours of in-service training annually . 2. Review of a list of the CNA staff provided by the facility revealed the following: CNA A was hired on 7/12/2021. CNA B was hired on 10/3/2022. CNA C was hired on 8/21/2001. CNA D was hired on 4/17/2023. CNA E was hired on 2/1/2016. CNA F was hired on 5/7/2000. CNA G was hired on 2/4/2003. CNA H was hired on 6/18/2012. CNA I was hired on 9/18/2022. CNA J was hired on 11/5/2018. CNA K was hired on 4/4/2016. CNA L was hired on 6/6/2022. CNA M was hired 11/11/2019. CNA N was hired 8/8/2011. (continued on next page)

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	445224	A. Building B. Wing	07/25/2024

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Henry County Healthcare Ctr	239 Hospital Circle Paris, TN 38242

For information on the nursing home's plan to correct this deficiency, please contact the nursing home or the state survey agency.

(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (Each deficiency must be preceded by full regulatory or LSC identifying information)
F 0947 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	CNA O was hired 7/2/2007. The facility was unable to provide documentation of 12 hours of required in-service training for CNA's A, B, C, D, E, F, G, H, I, J, K, L, M, N, and O for the past 12 months. During an interview on 7/25/2024 at 8:15 AM, the Administrator was asked about the required CNA in-services for CNAs employed over one year. The Administrator confirmed the CNAs did not receive their annual training and should have had at least 12 hours in the last year.