

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 445251	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 06/18/2025
NAME OF PROVIDER OR SUPPLIER Ahc Waverly		STREET ADDRESS, CITY, STATE, ZIP CODE 895 Powers Blvd Waverly, TN 37185	
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 0689</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Ensure that a nursing home area is free from accident hazards and provides adequate supervision to prevent accidents.</p> <p>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** Based on the facility policy review, medical record review, observation, and interview the facility failed to ensure the environment was free of accident hazards when unsecured sharps were observed in resident's room for 1 of 57 (Resident #37) residents reviewed for accidents. Observations during survey revealed no wandering residents on Resident #37's hall.</p> <p>The findings included:</p> <p>1. Review of the facility policy titled, Sharps Disposal, with a revised date of January 2012, revealed .The facility shall discard contaminated sharps into designated container .</p> <p>2. Review of the medical record revealed Resident #37 was admitted to the facility on [DATE], with diagnoses including Bipolar Disorder, Mild Cognitive Impairment, Delusional Disorders, Dementia, and Cognitive Communication Deficient.</p> <p>Review of the quarterly Minimum Data Set (MDS) assessment dated [DATE], revealed a Brief Interview for Mental Status (BIMS) score of 11 which indicated Resident #37 had moderately impaired cognition and required supervision and assistance with Activities of Daily Living (ADLs).</p> <p>Review of the Care Plan dated 8/27/2024, revealed a focus on Activities of Daily Living (ADL)/ mobility decline, cognitive loss related to dementia, and resident behaviors.</p> <p>Observation in Resident #37's restroom on 6/16/2025 at 9:34 AM and 11:43 AM, revealed 2 blue uncapped disposable razors on the back of the sink in a red cup unsecured and unattended.</p> <p>During an observation and interview in Resident #37's restroom on 6/16/2025 at 11:55 AM, Licensed Practical Nurse (LPN) A was asked if razors should be left out accessible to the Resident. LPN A stated, No, I will remove them right now.</p> <p>During an interview on 6/18/2025 at 10:25 AM, the Director of Nursing (DON) confirmed that razors should be stored in a secure location, inaccessible to residents, and should not be left unsecured and unattended in resident rooms or restrooms.</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 0695</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Provide safe and appropriate respiratory care for a resident when needed.</p> <p>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** Based on facility policy review, medical record review, observation, and interview the facility failed to follow Physician's Orders and provide care and services regarding oxygen therapy for 3 of 6 (Resident #57, #257, and #308) residents reviewed for oxygen therapy.</p> <p>The findings include:</p> <ol style="list-style-type: none"> 1. Review of the facility policy titled, Oxygen Administration, dated 10/2024, revealed .The purpose of this procedure is to provide guidelines for safe oxygen administration .Verify that there is a physician's order for this procedure .Review the resident's care plan to assess for any special needs of the resident . 2. Review of the medical record revealed that Resident #57 was admitted to the facility on [DATE], with diagnoses including Acute and Chronic Respiratory Failure, Chronic Obstructive Pulmonary Disease (COPD), Pneumonia, and Dependence on Supplemental Oxygen. <p>Review of the admission Minimum Data Set (MDS) assessment dated [DATE], revealed a Brief Interview for Mental Status (BIMS) score of 15, which indicated Resident #57 was cognitively intact. Additional information included Resident #57 had shortness of breath or trouble breathing when lying flat and received oxygen therapy.</p> <p>Review of the Physician's Orders dated 6/4/2025, revealed .Elevate HOB [head of bed] .for shortness of breath while lying flat .</p> <p>Review of the care plan dated 6/13/2025, revealed .receives the use of oxygen .continuous .related to, acute respiratory failure, Chronic Obstructive Pulmonary Disease (COPD), Dyspnea .Maintain head of bed elevated .to promote oxygenation .Position with HOB elevated to prevent episodes of shortness of breath while lying flat .</p> <p>Observation on 6/16/2025 at 11:01 AM and 1:46 PM, revealed Resident #57 was lying in the bed and the HOB was flat.</p> <p>Observation on 6/17/2025 at 7:53 AM, revealed Resident #57 was lying in the bed and the HOB was flat.</p> <p>During observation and interview on 6/17/2025 at 5:00 PM, Resident #57's HOB was flat, and Licensed Practical Nurse (LPN) B confirmed the HOB should be raised at least to a 30-degree angle.</p> <p>Observation in the Resident's room on 6/18/2025 at 10:39 AM, revealed Resident #57 was lying in the bed and the HOB was flat.</p> <p>During an interview on 6/18/2025 at 1:59 PM, the DON confirmed the HOB should be elevated at least 30 degrees when ordered by a Physician.</p> <p>(continued on next page)</p>		

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<p>F 0695</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>3. Review of the medical record revealed Resident #257 was admitted to the facility on [DATE], with diagnoses including Chronic Obstructive Pulmonary Disease and Chronic Diastolic (Congestive) Heart Failure.</p> <p>Review of the Care Plan dated 6/12/2025, revealed Resident #257 was not care planned for oxygen.</p> <p>Review of the Physician Orders for June 2025, revealed no order for oxygen.</p> <p>Review of the Medication Administration Record (MAR) for June 2025, revealed oxygen was not listed.</p> <p>Observation in the hallway on 6/16/2025 at 9:25 AM, revealed Resident #257 was up in the wheelchair, wearing oxygen via (by way of) binasal cannula (BNC) to oxygen tank secured to wheelchair.</p> <p>During an observation and interview in the Resident's room on 6/16/2025 at 4:08 PM, Resident #257 was wearing oxygen at 1 liter/minute (L/min) via BNC. Resident stated, .I wear oxygen all the time .</p> <p>Observation in the Resident's room on 6/17/2025 at 1:01 PM, revealed Resident #257 was up in wheelchair, with oxygen at 1 L/min via BNC.</p> <p>During an interview on 6/16/2025 at 5:21 PM, LPN A was asked if Resident #257 had an order for oxygen therapy. LPN A stated that Resident #257 should have an order for oxygen at 4-5 L/min via BNC.</p> <p>During an interview on 6/17/2025 at 1:42 PM, LPN A confirmed Resident #257 did not have an order for oxygen therapy.</p> <p>4. Review of the medical record revealed that Resident #308 was admitted to the facility on [DATE], with diagnoses including Subluxation of Left Shoulder Joint, Hyperlipidemia, Hypertension, Anxiety, Morbid Obesity, and Dysphasia.</p> <p>Review of the admission MDS assessment dated [DATE], revealed a BIMS score of 15 which indicated that Resident #308 was cognitively intact with no shortness of breath and did not receive oxygen therapy.</p> <p>Review of the Care Plan revised on 6/13/2025, revealed no documentation of oxygen therapy.</p> <p>Review of the Physician's Orders dated 5/29/2025 through 6/17/2025, revealed no order for oxygen therapy.</p> <p>Observation in the Resident's room on 6/16/2025 at 9:31 AM, 2:32 PM, and 6/17/2025 at 7:55 AM revealed Resident #308 was receiving oxygen BNC at 3.5 L/min.</p> <p>During observation in the Resident's room and interview on 6/17/2025 at 5:05 PM, Resident #308 was receiving oxygen via BNC at 3.5 L/min. LPN B confirmed there was no order for oxygen therapy in Resident #308's medical record.</p> <p>During an interview on 6/18/2025 at 10:33 AM, the Director of Nursing (DON) confirmed a resident receiving oxygen therapy should have a Physician's Order for Oxygen.</p>		

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<p>F 0851</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Electronically submit to CMS complete and accurate direct care staffing information, based on payroll and other verifiable and auditable data.</p> <p>Based on facility policy review, Quarterly Payroll Based Journal (PBJ) review, and interview, the facility failed to submit accurate staffing data for 1 of 4 (Quarter 2, January 1-March 31, 2025) quarters reviewed.</p> <p>The findings include:</p> <p>Review of the facility policy titled, Reporting Direct Care Staffing Information (Payroll-Based Journal), with a revision date of August 2022, revealed .Complete and accurate direct care staffing information is reported electronically to CMS [Centers for Medicare and Medicaid Services] through the Payroll-Based Journal (PBJ) system in a uniform format specified by CMS .Direct care staffing information includes staff hired directly by the facility, those hired through an agency, and contract employees .</p> <p>Review of the PBJ Staffing Data Report for Quarter 2 of 2025 (January 1- March 31) revealed one star staffing rating and excessively low weekend staffing.</p> <p>During an interview on 6/18/2205 at 10:54 AM, the Administrator stated, .None of the agency staff hours rolled into the system .The agency staff has to be manually put it into the system. The Administrator confirmed that agency staffing hours had not been included in the report for Quarter 2 of 2025 resulting in inaccurate reporting.</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>Provide and implement an infection prevention and control program.</p> <p>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** Based on policy review, review of the facility's Infection Control Program documents, medical record review, observation and interview, the facility failed to follow Infection Control practices when they failed to track pathogens in the Monthly Surveillance Report, when facility staff left a contaminated ice scoop in the ice chest for 1 of 2 (300 and 400 hall) nourishment rooms and when the facility failed to use enhanced barrier precautions for 1 of 3 (Resident #8) residents reviewed for pressure ulcers.</p> <p>The findings include:</p> <p>1. Review of the facility policy titled, Antibiotic Stewardship- Review and Surveillance of Antibiotic Use and Outcomes, dated 12/2016, revealed .Antibiotic usage and outcome data will be collected and documented using a facility-approved antibiotic surveillance tracking form. The data will be used to guide decisions for improvement of individual resident antibiotic prescribing practices and facility -wide antibiotic stewardship .All resident antibiotic regimens will be documented on the facility -approved antibiotic surveillance tracking form. The information gathered will include .date symptoms appeared .name of antibiotic .pathogen identified .site of infection .date of culture .</p> <p>Review of the facility's policy titled, Enhanced Barrier Precautions, revised 12/2024, revealed .Enhanced barrier precautions (EBP) are utilized to prevent the spread of multi-drug resistant organisms (MDROs) to residents .Enhanced barrier precautions apply when .A resident is NOT known to be infected or colonized with any MDRO, has a wound or indwelling medical device, and does not have secretions or excretions that are unable to be covered or contained; and .EBPs employ targeted gown and gloves use in addition to standard precautions during high contact resident care activities when contact precautions do not otherwise apply .Gloved [Gloves] and gown are applied prior to performing the high contact resident care activity (as opposed to before entering the room) .</p> <p>Review of the facility policy titled, Ice Machines and Ice Storage Chests, dated 1/2025, revealed .Ice machines and ice storage/distribution containers will be used and maintained to assure a safe and sanitary supply of ice .To help prevent contamination of .ice storage chests .Keep the ice scoop/bin in a covered container when not in use .</p> <p>2. Review of the .Monthly Infection Surveillance Report, dated 3/2025, 4/2025, and 5/2025, revealed . Unit/Room .Infection Onset .Infection .Signs and Symptoms .Status .Pharmacy Order .Comments.</p> <p>There was no column to document on the .Monthly Infection Surveillance Report, form that named the organism that was being tracked.</p> <p>During an interview on 6/18/2025 at 11:27 AM, the Infection Preventionist (IP) /Assistant Director of Nursing (ADON) confirmed that she does not track the organisms in the Monthly Infection Surveillance Report. IP/ADON was unable to provide documentation that infection organisms were being tracked.</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>3. During observation and interview on 6/17/2025 at 3:50 PM, in the 300/400 hall nourishment room the ice storage/distribution container revealed the ice scoop laying inside the ice storage/distribution container halfway submerged in half melted ice and half ice. Certified Nursing Assistant (CNA) C confirmed the ice scoop should not be lying inside the ice storage/distribution container and should be inside a covered container.</p> <p>During an interview on 6/17/2025 at 4:17 PM, the Director of Nursing (DON) confirmed the ice scoop should not be lying inside the ice storage/distribution container and should be inside a covered container.</p> <p>4. Review of the medical record revealed Resident #8 was admitted to the facility on [DATE], with diagnoses including Parkinson's Disease, Protein-Calorie Malnutrition, Muscle Weakness.</p> <p>Review of the Care Plan revised 5/12/205, revealed . Enhanced Barrier Precautions: [Resident #8] requires enhanced barrier precaution during high-contact resident care activities due to the present of: Wound . Enhanced barrier precautions will be followed during high-contact resident care activities .</p> <p>Review of a Physician's Order dated 6/12/2025, revealed .Enhanced barrier precautions every shift for wound .</p> <p>Observation in the Resident's room on 6/18/2025 at 3:12 PM, revealed the Wound Care Nurse entered the room, performed hand hygiene, donned gloves, rolled the Resident #8 towards her, and unfastened the Resident's adult brief so the wound could be visualized. The Wound Care Nurse failed to put on an isolation gown prior to direct resident care.</p> <p>During an interview on 6/18/2025 at 3:36 PM, the Wound Care Nurse confirmed Resident #8 was in enhanced barrier precautions and an isolation gown should have been worn during patient contact.</p>