

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 445253	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 08/11/2025
NAME OF PROVIDER OR SUPPLIER River Grove Health and Rehabilitation		STREET ADDRESS, CITY, STATE, ZIP CODE 1520 Grove St Box 190 Loudon, TN 37774	

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, observations, and interviews the facility failed to maintain a safe, clean, homelike environment for 1 resident (Residents #28) on 1 of 5 hallways observed. The findings include: Review of the facility's policy titled, Safe and Homelike Environment, revised 5/2025, revealed .In accordance with residents' rights, the facility will provide a safe, clean, comfortable and homelike environment . Environment refers to any environment in the facility that is frequented by residents, including (but not limited to) the residents' rooms . A homelike environment is one that de-emphasizes the institutional character of the building .allows the resident to use personal belongings that support a homelike environment .determination of homelike should include the resident's opinion of the living environment .Housekeeping and maintenance services will be provided as necessary to maintain and sanitary, orderly and comfortable environment . Medical record review revealed Resident #28 was admitted to the facility on [DATE] with diagnoses including Unspecified Focal Traumatic Brain Injury, Hemiplegia, Dysarthria (slurred slowed or distorted speech), Anarthria (inability to articulate speech despite cognitive abilities), Epilepsy, Mood Disorder with Depressive Features, and Anxiety. Review of a quarterly Minimum Data Set (MDS) assessment dated [DATE], revealed Resident #28 scored a 10 on the Brief Interview for Mental Status (BIMS) assessment which indicated the resident had moderate cognitive impairment. During an observation and interview in Resident #28's room on 7/28/2025 at 11:00 AM, revealed one missing tile pulled from the floor lying to the right side of the resident's bed and one loose tile under the resident's bed. Resident #28 shook his head no when asked if he recalled how long the floor tiles had been damaged. Resident #28 shook his head yes when asked if he like to have them repaired. During an observation in Resident #28's room on 7/29/2025 at 1:00 PM, revealed one missing tile pulled from the floor lying to the right side of the resident's bed and one loose tile under the resident's bed. During an observation and interview in Resident #28's room on 7/29/2025 at 3:00 PM, with the Administrator and Maintenance Director revealed one missing tile pulled from the floor lying to the right side of the resident's bed and one loose tile under the resident's bed. The Administrator and Maintenance Director confirmed Resident #28's room was not maintained in a safe, clean, homelike environment.</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 0657</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Develop the complete care plan within 7 days of the comprehensive assessment; and prepared, reviewed, and revised by a team of health professionals.</p> <p>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** Based on review of the facility policy, review of the medical record, observations, and interviews, the facility failed to revise the comprehensive care plan for 3 residents (Resident #21, #72, and #83) of 25 residents reviewed for care plans. Review of the facility's policy titled, "Comprehensive Care Plans," dated 3/3/2025, revealed "It is the policy of this facility to develop and implement a comprehensive person-centered care plan for each resident, to meet a resident's medical, physical, mental, and psychosocial needs. The comprehensive care plan will describe the services that are to be furnished. Resident specific interventions that reflect the resident's needs and preferences. The comprehensive care plan will be reviewed and revised by the interdisciplinary team after each comprehensive and quarterly MDS assessment."</p> <p>Review of the medical record revealed Resident #21 was admitted to the facility on [DATE] and readmitted on [DATE] with diagnoses including Metabolic Encephalopathy, Chronic Obstructive Pulmonary Disease (COPD), Diabetes Mellitus, and Depression.</p> <p>Review of the admission Minimum Data Set (MDS) assessment dated [DATE], revealed Resident #21 required supervision or touching assistance for personal hygiene.</p> <p>Review of the quarterly MDS assessment dated [DATE], revealed Resident #21 was dependent on staff for personal hygiene.</p> <p>Review of the care plan for Resident #21 dated 6/13/2025, revealed "ADLs [Activities of Daily Living] Functional Status/Rehabilitation Potential .has an ADL self-care performance deficit r/t [related to] generalized weakness, oxygen dependence, and COPD .PERSONAL HYGIENE/ORAL CARE .requires supervision/touching assistance .for personal hygiene ."</p> <p>During a telephone interview on 7/30/2025 at 10:38 AM, the remote MDS Coordinator stated Resident #21's quarterly MDS assessment dated [DATE] stated the resident was dependent on staff for personal hygiene. Resident #21's current comprehensive care plan stated Resident #21 required supervision and touch assistance for personal hygiene. The remote MDS Coordinator stated "care plans are a work in progress right now." The remote MDS Coordinator confirmed Resident #21's care plan had not been revised to reflect that the resident was dependent on staff for personal hygiene.</p> <p>During a telephone interview on 7/31/2025 at 6:33 PM, the Regional Director of Clinical Reimbursement stated MDS staff were responsible to update the care plan after the MDS assessment.</p> <p>Review of the medical record revealed Resident #72 was admitted to the facility on [DATE] with diagnoses including Pneumonia, Cerebral Infarction, Type 2 Diabetes Mellitus, Severe Morbid Obesity, Dementia, Chronic Pain Syndrome, Dysphagia (difficulty or discomfort) in swallowing, Unspecified Psychosis, and Adjustment Disorder with Anxiety.</p> <p>(continued on next page)</p>		

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<p>F 0657</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Review of the care plan for Resident #72 dated 1/29/2025, revealed "Resident #72 is a risk for alterations of nutritional status R/T [related to] DM [Diabetes Mellitus], mechanically altered diet, therapeutic diet." Continued review revealed the care plan had not been revised after Resident #72's significant weight loss was identified.</p> <p>Review of the quarterly MDS assessment dated [DATE], revealed Resident #72 scored an 8 on the Brief Interview for Mental Status (BIMS) assessment which indicated the resident had moderate cognitive impairment. Further review revealed Resident #72 required set up/clean up assistance with eating. Resident #72 had a weight loss of 5% in the last month or loss of 10% or more in last 6 months and was not on a physician prescribed weight loss regimen.</p> <p>During an interview on 7/31/2025 at 6:33 PM, the Director of Nursing (DON) confirmed Resident #72 had significant weight loss and confirmed the resident's care plan had not been revised to reflect the resident's actual weight loss.</p> <p>During a telephone interview on 7/31/2025 at 6:33 PM, the Regional Director of Clinical Reimbursement stated the quarterly MDS assessment dated [DATE] revealed the resident had a weight loss of 5% or more in the last month or a loss of 10% or more in the last 6 months and was not on physician prescribed weight loss regimen. The MDS Coordinator was responsible for updating the care plan after an MDS assessment. The Regional Director of Clinical Reimbursement confirmed the care plan had not been revised to reflect Resident #72's weight loss.</p> <p>Review of the medical record revealed Resident #83 was admitted to the facility on [DATE] with diagnoses including Diabetes, Hemiplegia and Hemiparesis affecting the Right Side, and Acquired Absence of Toe(s).</p> <p>Review of a quarterly MDS assessment dated [DATE], revealed Resident #83 scored a 13 on the BIMS assessment which indicated the resident was cognitively intact. Further review revealed the resident was dependent upon staff assistance for personal hygiene and mobility.</p> <p>Review of a Physician's Order for Resident #83 dated 7/1/2025, revealed "Off-loading [pressure reducing] boots to be worn while in bed."</p> <p>Review of the comprehensive care plan for Resident #83 revised 7/2/2025, revealed "at risk for skin breakdown R/T [related to] immobility, impaired physical limitations .eliminate risk factors to extent possible . ADL [activities of daily living] self-care performance deficit .requires total assistance from staff member ."; Further review revealed Resident #83's order and use of the offloading-pressure reducing boots was not revised on the care plan.</p> <p>During an observation on 7/28/2025 at 1:00 PM, in Resident #83's room, revealed Resident #83 was lying in bed with the bilateral offloading boots present to both heels.</p> <p>During an observation on 7/29/2025 at 3:55 PM, in in Resident #83's room, revealed Resident #83 was lying in bed with the bilateral offloading boots present to both heels.</p> <p>During an interview on 7/30/2025 at 9:30 AM, Certified Nursing Assistant A stated Resident #83 required the use bilateral off-loading boots while in bed.</p> <p>(continued on next page)</p>		

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<p>F 0657</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>During an interview on 7/30/2025 at 9:35 AM, the Wound Care Nurse stated Resident #83 wore the bilateral off-loading boots while in bed to offload pressure to the bilateral heels.</p> <p>During an interview on 7/30/2025 at 10:00 AM, Resident #83 stated he wore the offloading pressure boots to both of his heels and stated he "wears them all the time";</p> <p>During an interview on 7/30/2025 at 11:00 AM, the MDS Nurse stated the care plan should be revised and updated when new care interventions are ordered for each resident. The MDS Nurse confirmed the facility failed to revise and update Resident # 83's comprehensive care plan to reflect the required use of the off-loading boots to bilateral heels.</p> <p>During an interview on 7/30/2025 at 11:04 AM, the Assistant Director of Nursing (ADON) confirmed the facility failed to revise and update Resident # 83's comprehensive care plan to reflect the resident's required use of the off-loading boots to the bilateral heels.</p>