

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  445272	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED  02/05/2025
NAME OF PROVIDER OR SUPPLIER  Waters of Gainesboro, LLC		STREET ADDRESS, CITY, STATE, ZIP CODE  1340 N Grundy Quarles Hwy Gainesboro, TN 38562	

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 0693</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Ensure that feeding tubes are not used unless there is a medical reason and the resident agrees; and provide appropriate care for a resident with a feeding tube.</p> <p><b>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY**</b> 50480</p> <p>Based on facility policy review, medical record review, observations, and interviews, the facility failed to ensure tube feeding formula was appropriately labeled for 1 resident (Resident #41) of 1 resident reviewed for tube feeding management.</p> <p>The findings include:</p> <p>Review of the facility's undated policy titled, GUIDELINES FOR ENTERAL FEEDING [a tube surgically inserted in the stomach to provide nutrition, hydration, and medication] [gastric tube] : ADULT, revealed . hanging and maintaining and managing and administering Tube/Feedings and Enteral Nutrition .OPEN . ENTERNAL FEEDING SYSTEM .or use of formula from cans or bottles which is poured into a feeding tube bag .Enteral Feeding Formula .instructions .to be followed .</p> <p>Review of the medical record revealed Resident #41 was admitted to the facility on [DATE] with diagnoses including Traumatic Brain Injury, Seizures, Stroke, and Dysphagia (difficulty swallowing).</p> <p>Review of a 5-day admission Minimum Data Set (MDS) assessment dated [DATE], revealed Resident #41 was rarely understood. Further review revealed the resident received artificial nutrition through a gastric tube (a tube surgically inserted in the stomach to provide nutrition).</p> <p>Review of a Physicians Order for Resident #41 dated 1/25/2025, revealed .[name brand formula] .65 ML/HR [milliliters per hour] .</p> <p>During an observation on 2/3/2025 at 10:30 AM, revealed Resident #41 had enteral feeding infusing. Further observation revealed the feeding bag was not labeled to include the name of the formula infusing.</p> <p>During an observation and interview on 2/3/2025 at 10:35 AM, with Licensed Practical Nurse (LPN) D revealed Resident #41 had enteral feeding infusing. Further observation revealed the feeding bag was not labeled to include the name of the formula infusing. LPN D stated the enteral feeding bag should be labeled with the type of formula to be infused.</p> <p>During an observation on 2/4/2025 at 9:14 AM, revealed Resident #41 revealed Resident</p> <p>(continued on next page)</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 0693</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>#41 had enteral feeding infusing. Further observation revealed the feeding bag was not labeled to include the type formula infusing.</p> <p>During an observation and interview on 2/4/2025 at 9:15 AM, with the Director of Nursing (DON) revealed Resident #41 had enteral feeding infusing and the feeding bag was not labeled with the type of the formula infusing. The DON confirmed the facility failed to label Resident #41's feeding bag to with the formula infusing.</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>48100</p> <p>Based on facility policy review, observation, and interviews, the facility failed to ensure an expiration date was visible on an over the counter house stock medication bottle for 1 of 2 medication carts reviewed for medication storage.</p> <p>The findings include:</p> <p>Review of the facility's policy titled, Floor Stock Medications, dated 3/2023, revealed .floor stock medications are labeled .with expiration date .clearly exposed .</p> <p>During an observation on 2/4/2025 at 7:50 AM, on the C Hall medication cart, revealed one bottle of Ferrous Sulfate (iron supplement) had no expiration date visible on the bottle. Further observation revealed the bottle was opened on 1/14/2025 and was available for immediate resident use.</p> <p>During an interview on 2/4/2025 at 7:52 AM, Licensed Practical Nurse (LPN) A confirmed the house stock bottle of Ferrous Sulfate had no expiration date present on the bottle and the expiration date could not be verified.</p> <p>During an interview on 2/4/2025 at 8:43 AM, the Director of Nursing confirmed medications stored in the medication carts should have expiration dates present and listed on the bottle to ensure medications are used within their expiration date.</p>

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<p>F 0814</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Dispose of garbage and refuse properly.</p> <p>27405</p> <p>Based on facility policy review, observation, and interview, the facility failed to ensure garbage and refuse were properly contained in 1 of 1 garbage dumpster.</p> <p>The findings include:</p> <p>Review of the facility's undated policy titled, .Drain Plugs in Waste Receptacles, revealed .all receptacles and waste handling units for refuse .must have drain plugs securely in place at all times, unless being actively cleaned or maintained in order to prevent leaks, environmental contamination, and health hazards .</p> <p>During an observation of the outside dumpster area on 2/4/2025 at 2:30 PM, with Dietary [NAME] B, revealed 1 dumpster for waste disposal. Further observation revealed the dumpster had no drain plug intact resulting in the dumpsters contents being left open to the elements and the potential exposure to pests.</p> <p>During an interview on 2/4/2025 at 2:37 PM, Dietary [NAME] B confirmed the drain plug for the dumpster was not intact and the dumpsters contents were not contained properly.</p>