STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	445288	A. Building B. Wing	11/19/2025

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Huntsville Post-Acute and Rehabilitation Center	287 Baker Street Huntsville, TN 37756

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 0641 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Ensure each resident receives an accurate assessment. **NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** Based on a Minimum Data Set (MDS) 3.0 Resident Assessment Instrument (RAI) Manual review, facility policy review, medical record review, and interview, the facility failed to ensure MDS assessments were accurate for 3 residents (Resident #21, #31, and #66) of 20 residents reviewed for MDS assessments. The findings include:Review of the MDS 3.0 RAI Manual Version 19.1, dated 10/2024, revealed .Health-related Quality of Life .residents covered by Level II PASRR [Pre-admission Screening and Resident Review] process may require certain care and services provided by the nursing home .Steps for Assessment .Code .yes .if PASRR Level II screening determined that the resident has a serious mental illness . Review of the medical record revealed Resident #21 was admitted to the facility on [DATE] with diagnoses of Schizophrenia and Major Depressive Disorder. Review of a PASRR Level II Outcome for Resident #21 dated 2/14/2025, revealed .a level II PASRR evaluation and the Department of Mental Health and Substance Abuse Services and Department of Disability and Aging decided that you need special services for .condition .your PASRR Level II evaluation remains good during your stay .The individual meets criteria for having a diagnosis of .Serious mental illness .SCHIZOPHRENIA .MAJOR DEPRESSIVE DISORDER .Review of a Significant Change MDS assessment dated [DATE] revealed Resident #21 .the resident considered by the state level II PASRR process to have a serious mental illness .No .Review of the medical record revealed Resident #31 was admitted to the facility on [DATE] and readmitted on [DATE] with diagnoses including Major Depressive Disorder, Impulse Disorder, and Post Traumatic Stress Disorder. Review of a PASRR Level II Outcome for Resident #31 dated 6/15/2020, (PASRR was completed prior to admission to the facility) revealed . a Level II evaluation and the Department of Mental Health and Substance Abuse Services decided you need special services for your mental health, intellectual disabilities or related conditions .your PASRR Level II evaluation remains good during your stay . The individual meets criteria for having a diagnosis of .Serious mental illness .Review of an annual MDS assessment dated [DATE], revealed Resident #31 .the resident considered by the state level II PASRR process to have a serious mental illness .No .Review of the medical record revealed Resident #66 was admitted to the facility on [DATE] with diagnoses including Major Depressive Disorder, General Anxiety Disorder, Bipolar Disorder, Schizophrenia, and Delirium. Review of a PASRR Level II Outcome for Resident #66 dated 7/1/2024, revealed . a Level II evaluation and the Department of Mental Health and Substance Abuse Services decided you need special services for your mental health, intellectual disabilities or related conditions .your PASRR Level II evaluation remains good during your stay .The individual meets criteria for having a diagnosis of .Serious mental illness .SCHIZOPHRENIA .BIPOLAR DISORDER .MAJOR DEPRESSIVE DISORDER .Review of an annual MDS assessment dated [DATE], revealed Resident #66 .the resident considered by the state level II PASRR process to have a serious mental illness .No .During an interview on 11/19/2025 at 1:15 PM, the MDS Coordinator confirmed Resident #21's significant change MDS assessment dated [DATE], Resident #31's annual MDS assessment dated [DATE], and Resident #66's annual MDS assessment dated [DATE] was inaccurate.

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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F 0657 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Develop the complete care plan within 7 days of the comprehensive assessment; and prepared, reviewed, and revised by a team of health professionals. **NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** Based on facility policy review, medical record review, facility investigation review, and interview, the facility failed to revise a care plan to include a fall intervention for 1 resident (Resident #2) of 4 care plans reviewed for falls. The findings include:Review of the facility policy titled, Comprehensive Care Plan, undated, revealed .facility will develop and implement a person-centered care plan for each resident, that includes measurable objectives and time frames to meet resident's medical, nursing, mental, and psychosocial needs .maintains a comprehensive care plan participate in the development of .revising of the Comprehensive Care Plan .Review of the facility policy titled, Fall Prevention & Management, undated, revealed .when any resident experiences a fall, the facility will .Review the resident's care plan and update as indicated .Review of the medical record revealed Resident #2 was admitted to the facility on [DATE] with diagnoses including Hypertension, Congestive Heart Failure, Osteopenia, and Morbid Obesity. Review of the Comprehensive Care Plan dated 8/23/2023 revealed Resident #2 .at risk for falls related to weakness . Continued review showed no new intervention had been added after the fall on 8/14/2025. Review of a facility fall incident report for Resident #2 dated 8/14/2025, revealed .while transferring resident from bed to w/c [wheelchair] .pt's [Patient #2] knee became weak and was unable to sit onto bed .lowered to floor by PTA [Physical Therapist Assistant] and CNA [Certified Nursing Assistant] .New Intervention .Hoyer Lift to be used with transfers .During an interview on 11/19/2025 at 10:46 AM, the Director of Nursing (DON) confirmed Resident #2's comprehensive care plan had not been revised to include use of a Hoyer lift with transfers after a fall on 8/14/2025.

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F 0761 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	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. Based on facility policy review, review of manufacturer guidelines, observation, and interview the facility failed to store 4 insulin pens appropriately on 1 medication cart of 3 medication carts observed for medication storage.The findings include:Review of the facility's policy titled, Medication & Biologicals Storage guidelines, undated, revealed .Medications will be stored in the medication .carts according to the manufacturer's recommendations .Review of manufacturer guidelines, undated, revealed .Insulin Lispro [medication used to treat Diabetes] .Opened insulin lispro .prefilled pens can only be stored at room temperature .Throw away all insulin lispro in use after 28 days .Review of manufacturer guidelines, undated, revealed .Lantus [medication used to treat Diabetes] Discard all containers in use after 28 days .During an observation of the skilled hall medication cart on 11/18/2025 at 8:10 AM, revealed 2 Lispro and 2 Lantus insulin pens in use undated. Pharmacy delivery dates revealed the 4 insulin pens were not out of the 28-day use date.During an interview on 11/18/2025 at 8:12 AM, the Assistant Director of Nursing confirmed 2 Lispro and 2 Lantus pens were in use, undated, and not stored properly on the skilled unit medication cart.During an interview on 11/19/2025 at 2:10 PM, the Director of Nursing (DON) stated it was her expectation when insulin pens were in use the pens were to be dated when opened. The DON confirmed the 4 insulin pens were not stored properly on the skilled unit medication cart.

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F 0880 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Provide and implement an infection prevention and control program. Based on facility policy review, observation, and interviews, the facility failed to follow infection control practices during 1 of 2 medication administration observations.The findings include:Review of the facility policy titled, Medication Administration Policy and Procedure, undated, revealed .Perform hand hygiene .During an observation of medication administration on 11/18/2025 at 7:49 AM, revealed the Assistant Director of Nursing (ADON) dropped a cap from a bottle of over-the-counter medication onto the floor. The ADON picked the cap up off the floor, placed the lid back on the bottle, and failed to sanitize the cap or wash her hands. Further observation revealed the ADON split a medication in half using the bare hands, all medications were placed in a cup, and the medications were administered to the resident. During an interview on 11/18/2025 at 7:56 AM, the ADON confirmed she dropped a cap from an over-the-counter medication, she picked the cap up off the floor, placed the lid back on the bottle, and did not sanitize the cap or wash her hands. The ADON also confirmed she prepared medications for Resident #95, she split one of the medications in half using her bare hands, she placed the medications in a cup and administered the medications to the resident. During an interview on 11/19/2025 at 2:08 PM, the Director of Nursing (DON) confirmed the ADON failed to follow proper infection control practices during medication administration.