STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 445304	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 03/25/2026
NAME OF PROVIDER OR SUPPLIER Wyndridge Health and Rehab Ctr		STREET ADDRESS, CITY, STATE, ZIP CODE 456 Wayne Avenue Crossville, TN 38555	

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** Based on facility policy reviews, medical record reviews, observations, and interviews, the facility failed to ensure practices to prevent the potential spread of infection were maintained by not following Enhanced Barrier Precautions (EBP) and not adhering to appropriate hand hygiene during respiratory care for 2 residents (Residents #1 and #8) of 4 residents with a ventilator and/or tracheostomy, and during medication administration for 1 resident (Resident #22) of 4 residents observed during medication pass, failed to offer hand hygiene assistance prior to meals for 3 residents (Residents #47, #31, and #66) of 23 residents observed during dining, and failed to secure a urinary catheter bag off the floor for 1 resident (Resident #15) of 10 residents observed for urinary catheters.The findings include: Review of the facility's undated policy titled, Enhanced Barrier Precautions (EBP), revealed .EBP are implemented to reduce the transmission of Multi-Drug Resistant Organisms (MDRO's) in residents who require high-contact care activities .this policy applies to all staff providing direct care, including .Nursing .Therapy staff .EBP .a set of targeted infection-control practices requiring gloves and gowns during high-contact resident care activities .including .device care (catheters, feeding tubes, trachs [tracheostomies-a surgically created opening in the front of the neck leading into the windpipe/trachea], drains) .During high-contact care activities, staff must wear .gowns .gloves .procedure: .perform hand hygiene .review signage for EBP requirements .don gown and gloves prior to beginning high-contact care .avoid touching environmental surfaces unnecessarily .remove gloves and gown before leaving the resident's room or care space .perform hand hygiene immediately . Review of the facility's undated policy titled, Handwashing, revealed .may use waterless handwashing such as alcohol gels .when hands are not visibly soiled .hands should be washed after 3 times of using waterless cleaner . Review of the facility's policy titled, Handwashing Policy (Residents), dated 2/2025, revealed .Staff must offer hand hygiene before meals . Review of the medical record revealed Resident #1 was admitted to the facility on [DATE] with diagnoses including Epilepsy (seizure disorder), Acute on Chronic Respiratory Failure, Tracheostomy, and Dependence on Ventilator (a machine or device used to support or replace the breathing of a person who has difficulty breathing on their own). Review of the comprehensive care plan for Resident #1 revealed a problem dated 11/25/2025, .ventilator dependent . and .has a tracheostomy . with appropriate goals and interventions. Review of a quarterly Minimum Data Set (MDS) assessment dated [DATE], revealed Resident #1 scored an 11 on the Brief Interview for Mental Status (BIMS) assessment which indicated the resident (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: 445304	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 03/25/2026
NAME OF PROVIDER OR SUPPLIER Wyndridge Health and Rehab Ctr		STREET ADDRESS, CITY, STATE, ZIP CODE 456 Wayne Avenue Crossville, TN 38555	

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	had moderate cognitive impairment. Review of the medical record revealed Resident #8 was admitted to the facility on [DATE] with diagnoses including Traumatic Brain Injury, Quadriplegia, Acute Respiratory Failure, and Tracheostomy. Review of the comprehensive care plan for Resident #8 revealed a problem dated 5/13/2025, .has a tracheostomy . with appropriate goals and interventions. Review of a quarterly MDS assessment dated [DATE], revealed Resident #8 scored a 14 on the BIMS assessment which indicated the resident was cognitively intact. During an observation on 3/25/2026 at 8:38 AM, Respiratory Therapist (RT) E entered Resident #1's room to provide tracheostomy care. There was a sign on Resident #1's door for EBP, including gown and gloves for high-contact activity. RT E reached into her uniform pocket for a small bottle of hand sanitizer and sanitized hands, donned gloves, but did not don a gown or mask. RT E gathered and opened a gauze package, moistened the gauze with Hydrogen Peroxide, and lay the moistened gauze on top of the package wrapping on the resident's abdomen. RT E opened the split gauze package and lay the split gauze on top of the package wrapping on the resident's abdomen. RT E removed used split gauze from under Resident #1's trach collar and lay it on the package on the resident's abdomen. RT E performed cleaning of the site under the collar, then placed the new split gauze under the trach collar. RT E then removed the tracheostomy inner canula (portion of the tracheostomy tube that fits into the outer canula tube, which is in the windpipe/trachea), and laid the inner cannula on one of the gauze packages on the resident's abdomen, where it promptly rolled off the resident's abdomen onto the linens. RT E gathered the used supplies and discarded them. RT E grabbed a box (still with the same gloves) and left the room, walked down the hall to the RT office, and laid the box down on the desk. RT E then went to the RT supply cart, discarded her gloves, and reached into her uniform pocket for a small bottle of hand sanitizer, sanitized hands, and replaced it in her pocket. Further observation revealed RT E entered Resident #8's room to perform tracheal suctioning. There was a sign on Resident #8's door for EBP, including gown and gloves for high-contact activity. RT E donned gloves but did not don a gown or mask. RT E used the in-line suction catheter to suction Resident #8 via tracheostomy several times, and Resident #8 did have reflex coughing (can be normal during suctioning). After suctioning was complete, RT E discarded gloves, pulled the hand sanitizer from her pocket, sanitized hands, and replaced it in her pocket. During an interview on 3/25/2026 at 9:05 AM, RT E confirmed supplies were not set up appropriately for tracheostomy care by laying them on the resident's abdomen, confirmed she did not discard used gloves and perform hand hygiene before leaving Resident #1's room, and did not follow EBP for high-contact resident care. RT E stated .I don't know why they .[Residents #1 and #8] .had signs on their doors for EBP .we only have to do that [EBP precautions] if the resident has an active infection . RT E confirmed she did not follow the EBP for Residents #1 and #8. Review of the medical record revealed Resident #22 was admitted to the facility on [DATE] with diagnoses including Chronic Respiratory Failure, Quadriplegia, Tracheostomy Status, and Gastrostomy Status (tube placed through the abdomen into the stomach for nutrition and hydration). Review of the comprehensive care plan for Resident #22 revealed a problem dated 10/10/2025, .has a feeding tube for all nutrition, fluids, medications . with appropriate goals and interventions. (continued on next page)

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 445304	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 03/25/2026
NAME OF PROVIDER OR SUPPLIER Wyndridge Health and Rehab Ctr		STREET ADDRESS, CITY, STATE, ZIP CODE 456 Wayne Avenue Crossville, TN 38555	

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 a quarterly MDS assessment dated [DATE], revealed Resident #22 had long-term and short-term memory deficits, and severely impaired cognitive skills for daily decision making. During an observation on 3/25/2026 at 8:30 AM, Registered Nurse (RN) C entered Resident #22's room to administer medications via gastrostomy (feeding) tube. RN C donned gloves but did not don a gown. RN C used the piston syringe (large syringe used to draw up and administer medications via feeding tube) to flush the tube with water, administered medications, and flushed with water again as ordered. RN C, with used gloves still on, took the piston syringe to the sink in the room, rinsed it, and set it on paper towels to dry. With the same gloves on, RN C proceeded to perform the OcuSoft eye lid scrub to both eyes. When completed, RN C discarded gloves and performed hand hygiene with hand sanitizer. During an interview on 3/25/2026 at 8:45 AM, RN C confirmed Resident #22 had a sign for EBP on the door. RN C confirmed she did not don a gown while performing feeding tube medication administration, and RN C confirmed she did not perform hand hygiene or change gloves between administering medications through the feeding tube and performing the eye lid scrub. During an interview on 3/25/2026 at 3:11 PM, the Infection Preventionist (IP) confirmed EBP was to be used with high-contact resident care, including tracheal care, suctioning, and feeding tube care, confirmed used gloves should be discarded before leaving a resident's room and hand hygiene should be performed every time gloves are discarded. The IP confirmed hand hygiene and changing of gloves was expected between administering medications by a different route. Review of the medical record revealed Resident #47 was admitted to the facility on [DATE] with diagnoses including Acute and Chronic Respiratory Failure, Epilepsy, Atrial Fibrillation, and Chronic Pulmonary Edema. Review of the comprehensive care plan for Resident #47 dated 9/17/2025, revealed the resident was dependent for hygiene, dressing, mobility, and feeding assistance/supervision with meals. Review of a quarterly MDS assessment dated [DATE], revealed Resident #47 scored a 12 on the BIMS assessment which indicated the resident had moderate cognitive impairment. During an observation on 3/23/2026 at 11:55 AM, Certified Nursing Assistant (CNA) J delivered the lunch meal tray to Resident #47. CNA J assisted Resident #47 to set up the meal tray and exited the room without offering hand hygiene assistance to the resident. Review of the medical record revealed Resident #31 was admitted to the facility on [DATE] with diagnoses including Chronic Obstructive Pulmonary Disease, Acute and Chronic Respiratory Failure, and Morbid Obesity. Review of a quarterly MDS assessment dated [DATE], revealed Resident #31 scored a 15 on the BIMS assessment which indicated the resident was cognitively intact. Review of the comprehensive care plan for Resident #31 dated 3/17/2026, revealed .partial to moderate assistance with hygiene . During an observation on 3/23/2026 at 11:53 AM, CNA A delivered the lunch meal tray to Resident #31. CNA A set up the meal tray and exited the room without offering hand hygiene assistance to the resident. Review of the medical record revealed Resident #66 was admitted to the facility on [DATE] with diagnoses including Chronic Obstructive Pulmonary Disease, Chronic Respiratory Failure, and Generalized Muscle Weakness. Review of a quarterly MDS assessment dated [DATE], revealed Resident #66 scored an 11 on the BIMS assessment which indicated the resident had moderate cognitive impairment. Review of the comprehensive care plan for Resident #66 dated 2/26/2026, revealed the resident required substantial to maximal assistance with ADLs and assistance when needed with meals. During an observation on 3/23/2026 at 11:48 AM, CNA J delivered the lunch meal tray to Resident #66. CNA J set up the resident's lunch tray and exited the room without offering hand hygiene assistance to the resident. During an interview on 3/23/2026 at 11:55 AM, CNA J confirmed residents were to be offered hand hygiene assistance prior to meals. CNA A confirmed she had not (continued on next page)

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 445304	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 03/25/2026

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Wyndridge Health and Rehab Ctr	456 Wayne Avenue Crossville, TN 38555

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	offered hand hygiene assistance to residents today and stated .I did not .if the resident mentions it, I will offer . During an interview on 3/25/2026 at 3:05 PM, the Infection Preventionist confirmed staff were to offer hand hygiene assistance to all residents prior to meals. Review of the medical record revealed Resident #15 was admitted on [DATE] with diagnoses including Chronic Osteomyelitis, Depression, Anxiety, and Paraplegia. Review of a quarterly MDS assessment dated [DATE], revealed Resident #15 scored a 15 on the BIMS assessment which indicated the resident was cognitively intact. Review of the care plan for Resident #15 dated 1/16/2026 revealed the resident requires assistance with ADLs. Further review revealed . Provide care for urinary care per orders and per protocol including changing of urinary catheter, providing urinary care q shift and PRN, emptying drainage bag q [every] shift and PRN [as needed], monitoring for complications with urine as noted above . During an interview and observation on 3/23/2026 at 12:17 PM, revealed Resident #15 lying in bed with urinary catheter bag lying beside bed on the floor. LPN B confirmed the catheter bag should be hung from the resident's bed. During an interview on 3/25/2026 at 03:05 PM the Infection Preventionist confirmed urinary catheter bags were to be suspended off the ground to prevent infection.