

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 445306	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 09/11/2025
NAME OF PROVIDER OR SUPPLIER Signature Health of Portland Rehab & Wellness Cent		STREET ADDRESS, CITY, STATE, ZIP CODE 215 Highland Circle Drive Portland, TN 37148	

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 0692</p> <p>Level of Harm - Actual harm</p> <p>Residents Affected - Few</p>	<p>Provide enough food/fluids to maintain a resident's health.</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 0692</p> <p>Level of Harm - Actual harm</p> <p>Residents Affected - Few</p>	<p>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** Based on facility job description review, facility policy review, Vitals Report, Patient Weight Reports review, Weight Intervention Audits, Weight (wt.) Loss Documentation Report review, medical record review, and interview, the facility failed to assess and address a resident's nutritional status and implement pertinent interventions when 1 of 16 (Residents #1) sampled residents reviewed for nutritional needs sustained severe weight loss. Resident #1 experienced a severe weight loss of 7.07% from February 12, 2025, to February 19, 2025 (a period of one week). The facility's failure resulted in actual Harm to Resident #1. The findings included:</p> <p>1. Review of the Job Description for the Registered Dietitian dated revealed, .The registered dietitian has administrative authority, responsibility, and accountability necessary to carry out assigned duties. Responsibilities include planning, organizing, developing, and directing the nutritional care of the resident in accordance with current federal, state, and local standards, guidelines, and regulations that govern the facility. Works effectively with others to ensure that quality nutritional services are being provided on a daily basis, and acts as a resource to the Director of Dining Services so that the dining services department is maintained in a clean, safe, and sanitary manner .</p> <p>2. Review of the facility policy titled, Nutrition, Hydration, Weighing and Measuring Height-Resident dated 1/31/2025, revealed .The organization will strive to maintain residents' usual body weight or desirable body weight range, to the extent possible, to ensure each resident is able to maintain the highest practicable level of well-being. To help monitor and/or identify residents at nutritional risk, the organization will establish a baseline weight (measuring height and weight upon admission/readmission) and a schedule for weighing resident thereafter, per current professional standards of practice.Provide nutritional and hydration care and services to each resident, consistent with the resident's comprehensive assessment, physician's orders, and the resident's condition and/or limitations.</p> <p>Review of the facility policy titled, Dining and Food Preferences dated 9/2017, revealed .The Registered Dietician/Nutritionist (RDN) or other clinically qualified nutritional professional will review, and after consultation.adjust the individual meal plan to ensure adequate fluid volume and appropriate nutritional content for residents that do not consume certain foods.The Dining Services Director, RDN, or other clinically qualified nutritional professional, or designee, will enter information pertinent to the individual meal plan.Upon meal service, any resident/patient with expressed or observed refusal of food and/or beverage will be offered an alternative selection of comparable nutrition value.</p> <p>3. Review of the medical record revealed Resident #1 was admitted to the facility on [DATE], with diagnoses which included Metabolic Encephalopathy, Neurogenic Bladder, Benign Prostatic Hyperplasia (BPH), Diabetes and Urinary Tract Infection. Review of the Vital Signs: Weight document revealed: On 1/31/2025, Resident #1 weighed 230.8 pounds (lbs.) On 2/03/2025, Resident #1 weighed 230 lbs. Review of the admission Minimum Data Set (MDS) assessment dated [DATE], revealed a Brief Interview for Mental Status (BIMS) score of 10, which indicated Resident #1 was moderately cognitively impaired. Resident #1 required assistance with eating. Review of the Event Report dated 2/4/2025, revealed dietary recommendation to change Resident #1's diet to regular and the diet order was changed. Resident #1 and his Responsible Party (RP) were both made aware. Review of the Vital Signs: Weight document revealed: On 2/12/2025, Resident #1 weighed 230.5 lbs. Review of the Speech Language Pathology (SLP) Evaluation and Plan of Treatment dated 2/12/2025, revealed .Pt [patient-Resident #1] referred to Speech Therapy for Dysphagia [difficulty swallowing food] services due to new onset of oral/pharyngeal function, risk for aspiration, risk for weight loss, safety during oral intake and signs/symptoms of dysphagia c [with] reported choking episodes c med pass and meals.Oral Motor Structure and Function=Impaired. Review of the Vital Signs: Weight document revealed: On 2/19/2025, Resident #1 weighed 214.2 lbs. which was a 7.07% weight loss in 7 days. On 2/26/2025, No weight was done. On 3/4/2025, Resident #1 weighed 214.2 lbs. The facility was unable to provide RD documentation or documentation that interventions were implemented to prevent further weight loss following the identified weight loss in February. Review of the Comprehensive Metabolic (CMP) Panel dated 3/5/2025, revealed Resident #1 had a Total Protein level of 5.6 grams per deciliter (g/dl) (normal range is 6.0-8.3 g/dl) (low protein can contribute to weight loss by leading to reduced overall calorie intake and increased energy expenditure) and an Albumin level of 3.1 g/dL (normal range 3.5-5.7) (low albumin can signify poor nutrition, a significant marker of the body's inability to properly utilize nutrients leading to weight loss) Both Protein and Albumin levels were low Review of the Vital</p>		