

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 445322	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 05/21/2025
NAME OF PROVIDER OR SUPPLIER Wood Presbyterian Home		STREET ADDRESS, CITY, STATE, ZIP CODE 520 Old Highway 68 Sweetwater, TN 37874	

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 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 facility policy review, medical record review, observation, and interview the facility failed to revise the care plan for 1 resident (Resident #9) of 19 residents reviewed for care plans.</p> <p>The findings include:</p> <p>Review of the facility's policy titled, Care Plans, Comprehensive Person-Centered, dated 12/2016, revealed . The Interdisciplinary Team [IDT] .develops .a comprehensive, person-centered care plan for each resident . person-centered care plan will describe the services that are to be furnished to attain or maintain the resident's highest practical physical wellbeing .incorporate identified problem areas .incorporate risk factors associated with identified problems .reflect currently recognized standards of practice for problem areas .</p> <p>Review of the medical record revealed Resident #9 was admitted to the facility on [DATE] with diagnoses including Chronic Obstructive Pulmonary Disease, Congestive Heart Failure, Chronic Kidney Disease, and Urinary Tract Infection.</p> <p>Review of a quarterly Minimum Data Set (MDS) assessment dated [DATE], revealed Resident #9 scored a 15 on the Brief Interview for Mental Status (BIMS) assessment which indicated the resident was cognitively intact.</p> <p>Review of the comprehensive care plan for Resident #9 revised 4/7/2025, revealed Enhanced Barrier Precautions (EBP) was not revised on the care plan.</p> <p>During an observation on 5/20/2025 at 8:00 AM, Resident #9 had a Peripherally Inserted Central Catheter (PICC) (long flexible tube inserted in a vein to provide medication or fluids) in her right upper arm.</p> <p>Review of an Order Summary Report for Resident #9 dated 5/21/2025, revealed .Enhanced Barrier Precautions [EBP] .</p> <p>During an interview 5/21/2025 at 8:00 AM, the Director of Nursing (DON) stated it was the facility's expectation for the care plans to be revised when there was an order for EBP. The DON confirmed EBP was not revised on the care plan for Resident #9 after insertion of the PICC line on 4/4/2025.</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
---	-------	-----------

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 445322	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 05/21/2025
NAME OF PROVIDER OR SUPPLIER Wood Presbyterian Home		STREET ADDRESS, CITY, STATE, ZIP CODE 520 Old Highway 68 Sweetwater, TN 37874	
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 0761</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Some</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>Based on facility policy review, observation, and interview, the facility failed to ensure expired medications were discarded in 2 of 2 medication storage rooms observed.</p> <p>The findings include:</p> <p>Review of the facility's policy titled, Storage of Medications, revised 4/2019, revealed, . The facility stores all drugs and biologicals in a safe, secure, and orderly manner .Discontinued, outdated, or deteriorated drugs or biologicals are returned to the dispensing pharmacy or destroyed .</p> <p>During an observation and interview with Licensed Practical Nurse (LPN) A, on 5/21/2025 at 8:15 AM, of the South Hall (300 Hall) medication room located behind the 300 Hall nurses' station, revealed an opened bottle of Cranberry tablets sitting on the shelf with an open date of 6/28/2024 and available for use. Continued observation revealed an expiration date of 4/2025. LPN A confirmed the opened bottle of Cranberry tablets was expired and available for resident use and stated the bottle should have been discarded after 4/2025.</p> <p>During an interview on 5/21/2025 at 8:20 AM, the Director of Nursing (DON) confirmed the opened bottle of Cranberry tablets was expired and stated that the bottle of Cranberry tablets should have been discarded after 4/2025.</p> <p>During an observation and interview with LPN A, on 5/21/2025 at 8:25 AM, of the refrigerator located in the Main medication room located across from the central nurses' station, revealed an opened bottle of Magic Mouthwash labeled, .Do Not Use after 4/16/2025 at 6:05 PM . LPN A stated, .I'm pretty sure this has been dc'd (discontinued) . and confirmed the opened bottle of Magic Mouthwash medication should have been discarded after 4/16/2025 at 6:05 PM.</p> <p>During an interview on 5/21/2025 at 8:30 AM, the DON confirmed the opened bottle of Magic Mouthwash had expired on 4/16/2025 and should have been discarded per the facility policy.</p>		