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| STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION | (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 445333 | (X2) MULTIPLE CONSTRUCTION A. Building B. Wing | (X3) DATE SURVEY COMPLETED 07/03/2024 |
| NAME OF PROVIDER OR SUPPLIER Briarwood Community Living Center | | STREET ADDRESS, CITY, STATE, ZIP CODE 41 Hospital Drive Lexington, TN 38351 | |

For information on the nursing home's plan to correct this deficiency, please contact the nursing home or the state survey agency.

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| (X4) ID PREFIX TAG | SUMMARY STATEMENT OF DEFICIENCIES (Each deficiency must be preceded by full regulatory or LSC identifying information) |
| <p>F 0641</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p> | <p>Ensure each resident receives an accurate assessment.</p> <p>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 46047</p> <p>Based on the Resident Assessment Instrument Manual (RAI) User's Manual, medical record review, and interview the facility failed to accurately assess residents for smoking, medication review, and falls for 4 of 12 (Resident #28, #31, #34, and #38) sampled residents reviewed for accuracy of assessments.</p> <p>The findings include:</p> <ol style="list-style-type: none"> Review of the Resident Assessment Instrument (RAI) User's Manual dated October 2023, revealed .The RAI helps nursing home staff look at resident's holistically-as individuals for whom quality of life and quality of care are mutually significant and necessary . Review of medical record review revealed Resident #28 was admitted on [DATE], with diagnoses including Cerebral Infarction, Hemiplegia, Aphasia, Nicotine Dependence, and Psychosis. <p>Review of the Care Plan dated 7/1/2024 revealed, .I am a smoker .</p> <p>Review of the Smoking and Tobacco Evaluation, dated 11/19/2021 revealed Resident #28 does smoke.</p> <p>Facility is unable to provide an additional Smoking and Tobacco Evaluation, assessment until 7/2/2024.</p> <p>During an interview on 7/3/2024 at 2:46 PM, Licensed Practical Nurse (LPN) D Minimum Data Set (MDS) Coordinator was asked about Resident #28's smoking assessments. LPN D MDS Coordinator confirmed they aren't completed but should be and the last one documented was 11/19/2021. LPN D MDS Coordinator stated, .they should be completed quarterly.</p> <ol style="list-style-type: none"> Review of the medical record revealed Resident #31 was admitted to the facility on [DATE], with diagnosis including Cerebral Infarction, Hypertension, Chronic Obstructive Pulmonary Disease, Atrial Fibrillation and Epilepsy. <p>Review of the quarterly MDS dated [DATE], revealed Resident #31 was not taking any of the high-risk drug classes, MDS: Section N-Medications, N0415: None of the above.</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.

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| LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE | TITLE | (X6) DATE |
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| <p>F 0641</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p> | <p>Review of the Medication Administration Sheet dated 6/1/2024 - 6/30/2024, revealed Resident #31 is currently taking high-risk drug class medications including an anti-depressant, diuretic, anticoagulant, and opioid.</p> <p>During an interview on 7/3/2024 at 1:18 PM, LPN D MDS Coordinator was asked about Resident #31 and her medications on the MDS. LPN D MDS Coordinator confirmed Resident #31 was taking high-risk medications and should have been coded properly on the MDS. She confirmed none of the medications were on the MDS. LPN D MDS Coordinator stated, .Must have been a clerical error .</p> <p>4. Review of the medical record revealed Resident #34 was admitted on [DATE], with diagnoses including Nicotine Dependence, Chronic Obstructive Pulmonary Disease, Schizophrenia, Acute Kidney Failure, and Anxiety.</p> <p>Review of the admission MDS dated [DATE], revealed Section J; Health Conditions, J1300: Current Tobacco Use, No.</p> <p>Review of a Smoking and Tobacco Evaluation, dated 4/13/2024, revealed Resident #34 was not a smoker.</p> <p>Review of a Care Plan dated 4/15/2024, revealed I am a smoker.</p> <p>During an interview on 7/3/2024 at 1:18 PM, LPN D MDS Coordinator confirmed the admission Smoking and Tobacco Evaluation was not assessed properly and the MDS was incorrectly coded. LPN D MDS Coordinator confirmed Resident #34 has been a smoker since his admission.</p> <p>5. Review of the medical record revealed Resident #38 was admitted on [DATE], with diagnoses of Aphasia, Cerebral Infarction, and Anxiety.</p> <p>Review of the quarterly MDS dated [DATE], revealed Resident #28 was not coded for falls with major injury.</p> <p>Review of the progress note dated 3/30/2024, revealed Resident #38 had a fall and was sent to the emergency room .</p> <p>Review of a Fall Investigation dated 3/30/2024 revealed Resident #38 had .Injury location right trochanter(hip) .</p> <p>Review of the progress note dated 4/1/2024, revealed Resident #38 had surgery on hip.</p> <p>Review of the progress note dated 4/2/2024 revealed Resident #38 was readmitted to the facility on [DATE] with .Surgical incision on right hip has 10 staples .</p> <p>During an interview on 7/3/2024 at 12:39 PM, LPN D MDS Coordinator confirmed Resident #38 had a right hip fracture on 3/30/2024, and was not coded for fall with a major injury under section J1800 on the resident's quarterly MDS dated [DATE].</p> | | |

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| <p>F 0684</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p> | <p>Provide appropriate treatment and care according to orders, resident's preferences and goals.</p> <p>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 49269</p> <p>Based on policy review, medical record review, and interview, the facility failed to follow Physician's Orders related to antipsychotic medications for 1 of 5 (Resident #30) sampled residents reviewed for unnecessary medications.</p> <p>The findings include:</p> <p>1. Review of the facility's policy titled, Physician's Orders dated 4/13/2021, revealed .Physician's orders are carried out unless the nurse or other licensed personnel believe the order to be inaccurate .Physician's orders are to be recorded in the medical record for each resident and are to be signed or initialed by the attending physician .Verbal or telephone orders are considered to be in writing when dictated by the physician or authorized health care professional and later signed .by said person .</p> <p>Review of the facility's policy titled, Antipsychotic Medication Use, dated 7/2022, revealed .Antipsychotic medications will be prescribed at the lowest possible dosage for the shortest period of time .All antipsychotic medications will be used within the clinically recommended dosage guidelines, or clinical justification will be documented for dosages that exceed guidelines for more than 48 hours .Residents will not receive PRN [as needed] doses psychotropic medications unless that medication is necessary to treat a specific condition that is documented in the medical record .</p> <p>Review of the facility's policy titled, Medication Administration General Guidelines dated 8/25/2014, revealed . Medications are administered as prescribed .If a dose seems excessive considering resident's age and condition, or medication order seems to be unrelated .the nurse contacts the prescriber for clarification .</p> <p>2. Review of the medical record revealed that Resident #30 was admitted to the facility on [DATE], with diagnoses including Dementia, Chronic Obstructive Pulmonary Disease, Psychosis, and Polyneuropathy.</p> <p>Review of the quarterly Minimum Data Set (MDS) dated [DATE], revealed Resident #30 had a Brief Interview for Mental Status (BIMS) score of 5 which indicated resident was severely cognitively impaired.</p> <p>Review of the Physician's Order dated 9/27/2022, revealed Seroquel [used to treat mental and mood disorders] give 75 mg [milligram] by mouth one time a day .</p> <p>Review of the Provider's Progress Note dated 6/25/2024, revealed .Orders for this visit .Start Seroquel oral tablet 100 mg . Give 1 tablet by mouth one time a day .Stop Seroquel 75 mg .</p> <p>Review of the Physician's Order dated 6/25/2025, revealed .Seroquel (an antipsychotic) oral tablet 100 mg give 1 tablet by mouth one time a day .</p> <p>(continued on next page)</p> | | |

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| <p>F 0684</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p> | <p>Review of the June 2024 Medication Administration Record (MAR) revealed Seroquel Oral 100 mg .1 tablet by mouth one time a day was administered at 8:00 PM per staff initials on the following dates of 6/25/2024 through 6/30/2024. Seroquel 75 mg 1 tab daily was also administered at 8:00 PM per staff initials on the following dates 6/1/2024 through 6/30/2024.</p> <p>During an interview on 7/1/2024 at 5:54 PM, Registered Nurse (RN A) confirmed the new order for Resident #30 was to increase Seroquel to 100 mg 1 tab daily and stop the Seroquel 75 mg per the Provider's visit note dated 6/25/2024. RN A confirmed that the Seroquel 100 mg was started on 6/25/2024 and the Seroquel 75 mg was not stopped. RN A was asked if Resident #30 should be on both doses of Seroquel at the same time. RN A stated, No.</p> <p>During an interview on 7/2/2024 8:40 AM, the Quality Assurance nurse confirmed that the nurse failed to transcribe the Seroquel 75 mg stop order on 6/25/2024.</p> |

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| <p>F 0698</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p> | <p>Provide safe, appropriate dialysis care/services for a resident who requires such services.</p> <p>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 38909</p> <p>Based on policy review, medical record review, and interview, the facility failed to have an order to monitor the dialysis shunt site every shift for 1 of 1 (Resident #29) sampled residents reviewed for dialysis.</p> <p>The findings include:</p> <ol style="list-style-type: none"> 1. Review of the facility's policy titled End-Stage Renal Disease, Care of a Resident with dated 9/2010, revealed .Residents with end-stage renal disease (ESRD) will be cared for according to currently recognized standards of care .The general medical nurse should document in the resident's medical record every shift as follows .location of catheter .condition of dressing (interventions if needed) .If dialysis was done during shift .any part of report from dialysis nurse post-dialysis being given .Observations post-dialysis . 2. Medical record review revealed Resident #29 was admitted on [DATE], with diagnoses including End Stage Renal Disease, Heart Failure, and Diabetes. <p>Review of the quarterly Minimum Data Set (MDS) dated [DATE], revealed Resident #29's Brief Interview for Mental Status (BIMS) score of 15 indicating cognitively intact. Special treatments included dialysis.</p> <p>Review of the Care Plan dated 4/10/2024, revealed .I am on Hemodialysis r/t [related to] renal failure . 12/2023 started Dialysis .I will have no s/sx [signs and symptoms] of complications from dialysis through the review date .Observe/document/report PRN [as needed] any s/sx of infection to access site, R [right] chest Permacath [catheter used for dialysis]: Redness, Swelling, warmth or drainage .Observe/document/report PRN for s/sx of the following: Bleeding, Hemorrhage, Bacteremia, septic shock.</p> <p>Review of Physician Order dated 3/8/2024, revealed .Dialysis Monday and Friday at [named] dialysis center .</p> <p>The facility was unable to provide documentation of an order for monitoring the dialysis site each shift for the thrill and bruit and infection.</p> <p>The facility was unable to provide documentation of dialysis access site monitored each shift for thrill, bruit, and infections.</p> <p>During an interview on 7/3/2024 at 12:11 PM, Licensed Practical Nurse (LPN) E was asked, where do you chart the dialysis site for the thrill and bruit, and for signs and symptoms of infection in the medical record. LPN E stated, I don't chart that, I look at it but don't chart it. LPN E was asked, do you have an order to monitor for the thrill and bruit, and for signs and symptoms of infection. LPN E stated, no I don't . LPN E was asked, if it should be documented. LPN E stated Yes.</p> <p>(continued on next page)</p> | | |

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| <p>F 0698</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p> | <p>During an interview on 7/3/2024 at 12:45 PM, the Director of Nursing (DON) was asked if the nurses should be monitoring the dialysis shunt sight for the thrill and bruit, and for signs and symptoms of infection. The DON stated, .Yes we should have an order and monitoring the dialysis site each shift for the thrill and bruit and infection. The DON was asked if she could be sure the nurses were monitoring the site if it was not documented. The DON stated, No.</p> |

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| <p>F 0812</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Some</p> | <p>Procure food from sources approved or considered satisfactory and store, prepare, distribute and serve food in accordance with professional standards.</p> <p>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 46047</p> <p>Based on policy review, observation, and interview, the facility failed to ensure food was stored, prepared, and served under sanitary conditions related to expired foods, unlabeled, undated, and uncovered food items, and carbon build-up on the eyes of the stove. The facility had a census of 40 with 38 of those residents receiving a tray from the kitchen.</p> <p>The findings include:</p> <ol style="list-style-type: none"> Review of the facility's policy titled, FOOD STORAGE, dated [DATE], revealed .Food items should be stored, thawed, and prepared in accordance with good sanitary practice. Any expired or outdated food products should be discarded .All products should be inspected for safety and quality and be dated upon receipt, when open, and when prepared. Use by dates on all food stored in refrigerators and use dates . Leftovers should be dated .Remember to cover, label, and date .Frozen Meat/Poultry and Foods .Label and date all food items .Fresh vegetables .should be checked and sorted for ripeness .Most vegetables should be used within 3 to 5 days .Potentially hazardous foods including cut-leaf greens or tomatoes should be inspected for decay or damage. If present should be returned . Observation in the kitchen on [DATE] at 9:24 AM, revealed in the freezer there was a package of cheese noodles with an expiration date of [DATE], an undated pork loin, and 2 undated bags of hash browns. In the refrigerator was an unlabeled and undated pan of cooked meat, unlabeled lunch meat, and unlabeled meat patties. The stove had a black shiny build up on the 6 eyes of the stove, and an unknown buildup of black substance in the ovens. Observation in the kitchen on [DATE] at 5:28 PM, revealed a metal shelf that contained an uncovered bowl of pudding, an uncovered pot of gravy, an uncovered small pot of butter, and an uncovered plastic container of peanut butter. The 6 eyes of the cooking stove had a black shiny build up. The freezer contained 2 undated bags of hashbrown. Observation in the kitchen on [DATE] at 1:18 PM, revealed the 6 eyes of the cooking stove had a black shiny build up, the refrigerator had brown leaves of lettuce with a date of [DATE], in the freezer was an undated pork loin, 2 undated bags of hash browns, and a clear plastic package of unlabeled and undated boneless chicken. <p>During an interview on [DATE] at 1:34 PM, the Dietary Manager confirmed items stored in the freezer and the refrigerator should be labeled to indicate what it is and dated to indicate when it was placed in the fridge or freezer and an open date.</p> <p>5. Observation in the kitchen on [DATE] at 4:53 PM and [DATE] at 8:23 AM, revealed the 6 eyes of the cooking stove had a black, shiny build up on them.</p> <p>During an interview on [DATE] at 10:21 AM, the Dietary Manager the confirmed the black, shiny build up on the 6 eyes of the stove was carbon and the buildup of carbon should not be there. The Dietary Manager confirmed the ovens needed to be cleaned.</p> <p>(continued on next page)</p> |

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| <p>F 0812</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Some</p> | <p>During an interview on [DATE] at 10:45 AM, the Dietary Manager confirmed expired food items should not be available for use and should be thrown away.</p> |

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| <p>F 0880</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Some</p> | <p>Provide and implement an infection prevention and control program.</p> <p>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 30974</p> <p>Based on policy review, observation, and interview the facility failed to ensure practices to prevent the potential spread of infection were maintained when 3 of 3 nurses (Registered Nurse (RN A) (Licensed Practical Nurse (LPN B and LPN E) failed to clean a reusable eye medication bottle before she replaced the bottle into the medication cart, after taking the bottle in to a resident room, and when LPN B failed to ensure a reusable eye medication bottle was not cleaned, and when LPN E failed to ensure a FlexPen [a disposable, prefilled insulin pen that contains multiple doses of fast-acting insulin] was not disinfected before replacing in the medication cart.</p> <p>The findings include:</p> <p>1. Review of the facility's policy titled, Cleaning and Disinfection of Resident- Care Items and Equipment, dated September 2022, revealed Resident-care equipment, including reusable items and durable medical equipment will be cleaned and disinfected according to current CDC [Centers for Disease Control and Prevention] recommendations for disinfection .Non-critical items are those that come in contact with intact skin but not mucous membranes. Non-critical resident-care items include .blood pressure cuffs . Non-critical items require cleaning followed by either low- or intermediate-level disinfection following manufacturers ' instructions. Disinfection is performed with an EPA [U.S. Environmental Protection Agency]- registered disinfectant labeled for use in healthcare settings .Reusable items are cleaned and disinfected or sterilized between uses by a single resident and disposed of afterwards .Single resident-use items are cleaned/disinfected between uses by a single resident .</p> <p>Review of the facility's policy's titled, Administering Topical Medications, dated October 2010, revealed Trans-dermal patches .Clean and dry a selected area that is approved for application of the patch .</p> <p>Review of the facility's policy's titled, Instillation of Eye Drops, dated January 2014, revealed .Clean your equipment and return it to its designated storage area (i.e., beside stand .) .Clean the overbed table and return it to its proper position .</p> <p>2. Review of the medical record revealed Resident #17 was admitted to the facility on [DATE], with diagnoses including Atrial Fibrillation, Congestive Heart Failure, Hypothyroidism, and Diabetes.</p> <p>Observations on 7/2/2024 at 7:37 AM, revealed RN A gathered the blood pressure (BP) wrist machine and pulse oximeter (pulse ox) (an electronic device that measures the saturation of oxygen carried in your red blood cells), carried them into Resident #17 ' s room, and laid them on the over bed table (OBT), without cleaning the table. After using these devices on the resident, RN A carried them back to the medication cart and placed them back in a drawer. RN A failed to clean or disinfect the BP machine or pulse ox device before placing them back in the medication cart drawer. RN A failed to change gloves after removing the old patch and failed to clean the area where the old trans-dermal patch was removed, prior to placing the new trans-dermal patch to the same area of Resident #17.</p> <p>3. Review of the medical record revealed Resident #14 was admitted to the facility on [DATE], with diagnoses including Diabetes, Chronic Kidney Disease Stage 3, Bipolar Disorder, and Anxiety.</p> <p>(continued on next page)</p> | | |

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| <p>F 0880</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Some</p> | <p>Observations on 7/2/2024 at 4:12 PM, revealed LPN E gathered supplies including a FlexPen, entered Resident #14 ' s room, administered the FlexPen insulin, then gathered the FlexPen and returned it to the drawer of the medication cart. LPN E failed to disinfect the FlexPen after using it on Resident #14 and returning it to the drawer of the medication cart.</p> <p>4. Review of the medical record revealed Resident #13 was admitted to the facility on [DATE], with diagnoses including Schizoaffective Disorder, Malignant Melanoma, Dementia, and Parkinson ' s Disease.</p> <p>Observations on 7/3/2024 at 8:04 AM, revealed LPN B removed an eye medication bottle that was in a plastic bag, from the drawer of the medication cart. LPN B placed the plastic bag on top of the medication cart without cleaning the top of the cart. LPN B placed the plastic bag on top of the medication cart without cleaning the top of the cart. LPN B entered Resident #13 ' s room laid a tissue on the OBT for a barrier and placed the bottle of eye medication on the tissue. LPN B also placed another pair of gloves on the OBT, not on the barrier. After LPN B administered the eye drop to the right eye and removed her gloves, she picked up the gloves from the top of the OBT and donned them to administer the medication to the left eye. When LPN B went back to the medication cart and sat the eye medication bottle on top of the cart. Then LPN B replaced the bottle in the plastic bag and placed it back in the drawer of the medication cart. LPN B failed to clean or disinfect the eye drop bottle after use.</p> <p>During an interview on 7/3/2024 at 3:42 PM, the Director of Nursing (DON) was asked, when should a resident's reusable equipment be cleaned and disinfected. The DON stated, Before and after use on a resident. The DON was asked, what is the process for applying a trans-dermal patch to a resident. The DON stated, Remove the old patch, change gloves, clean area after removed old patch and before applying a new patch. The DON was asked, what should staff do with eye drop bottles and FlexPens after use. The DON stated, If they take them in the room they should clean them off. The DON was asked should the OBT be cleaned prior to setting items on it for medication administration. The DON stated, Yes it should.</p> |