STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	445351	A. Building B. Wing	03/18/2026

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Signature Healthcare of Greeneville	106 Holt Court Greeneville, TN 37743

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 0693 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Ensure that feeding tubes are not used unless there is a medical reason and the resident agrees; and provide appropriate care for a resident with a feeding tube. **NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** Based on facility policy review, medical record review, observation, and interviews, the facility failed to administer a continuous enteral feeding (liquid nutrition provided by a tube inserted into the abdomen) as ordered by the physician for 1 resident (Resident #61) of 1 resident reviewed for continuous enteral feedings.The findings include:Review of the facility's policy titled, Gastrostomy Feeding [enteral feeding] Guidelines, dated 2/7/2023, revealed .Verify the correct formula .Review of the facility's policy titled, Physicians Orders, dated 1/30/2026, revealed .It is the standard of this facility that physician orders are followed .Licensed Nurses .are expected to follow physician's orders .Review of the medical record revealed Resident #61 was admitted to the facility on [DATE] with diagnoses including Multiple Sclerosis, Dysphagia, Functional Quadriplegia, Gastrostomy Status (a tube inserted into the abdomen for the administration of feeding), and Unspecified Severe Protein-Calorie Malnutrition. Review of a comprehensive care plan for Resident #61 dated 4/30/2024 and revised on 3/17/2026, revealed .need for use of a feeding tube .Administer tube feeding formula .as ordered .Review of a weight for Resident #61 dated 3/5/2026, revealed the resident weighed 88.9 pounds.Review of a 5-day Minimum Data Set (MDS) assessment dated [DATE], for Resident #61 revealed .Feeding tube [enteral feeding] .Review of a physician's order for Resident #61 dated 3/13/2026, revealed .Osmolite 1.5 [artificial nutrition tube feeding formula] .Milliliter Per Hour .25 .Review of a weight for Resident #61 dated 3/16/2026, revealed the resident weighed 90.6 pounds. During an observation and interview on 3/16/2026 at 3:11 PM, with Registered Nurse (RN) B in Resident #61's room revealed Resident #61 had enteral feeding Osmolite 1.2 infusing at 45 ml/hr. RN B stated the resident had a physician's order for Osmolite 1.5 at 25 ml/hr. RN B confirmed Resident #61 had the wrong formula and rate infusing. During an interview on 3/18/2026 at 10:55 AM, Licensed Practical Nurse (LPN) C stated she had prepared and initiated the administration of the new bottle of Osmolite 1.2 enteral feeding at 45 ml/hr for Resident #61 on 3/16/2026 at 5:00 AM (observation was approximately 10 hours after the incorrect tube feeding was initiated). During an interview on 3/18/2026 at 3:17 PM, the Director of Nursing (DON) confirmed the facility failed to follow physician's orders related to tube feeding formula and rate for Resident #61.

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:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	445351	A. Building B. Wing	03/18/2026

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Signature Healthcare of Greeneville	106 Holt Court Greeneville, TN 37743

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 review, observations, and interviews, the facility failed to offer hand hygiene assistance to 4 residents (Residents #120, #122, #111, and #11) prior to meals of 4 residents observed during meal service on 1 of 5 units observed for meal tray distribution. The findings include: Review of the facility's policy titled, Assistance with Meals, revised 5/5/2025, revealed .Facility staff will assist residents with setup and meal preparations as needed to include offering resident to wash their hands prior to meal with washcloth, hand sanitizer or provided toilette . Review of the medical record revealed Resident #120 was admitted to the facility on [DATE] with diagnoses including Spinal Stenosis, Unspecified Lack of Coordination, Chronic Kidney Disease, and Other Recurrent Depressive Disorders. Review of the Brief Interview for Mental Status (BIMS) assessment for Resident #120 dated 3/13/2026, revealed the resident scored a 15 which indicated the resident was cognitively intact. Review of the care plan for Resident #120 dated 3/16/2026, revealed .ADLs [Activities of Daily Living] Functional Status/Rehabilitation Potential .dressing and grooming assist x [times] 2 .During an observation on 3/16/2026 at 12:10 PM, Certified Nursing Assistant (CNA) A delivered the lunch meal tray to Resident #120. CNA A assisted Resident #120 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 #122 was admitted to the facility on [DATE] with diagnoses including Fracture of the Left Femur and Chronic Respiratory Failure. Review of the BIMS assessment for Resident #122 dated 3/10/2026, revealed the resident scored a 15 which indicated the resident was cognitively intact. Review of the care plan for Resident #122 dated 3/12/2026, revealed .ADLs Functional Status .dressing and grooming assist x1 . During an observation on 3/16/2026 at12:13 PM, CNA A delivered the lunch meal tray to Resident #122. 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 #111 was admitted to the facility on [DATE] with diagnoses including Acute and Chronic Respiratory Failure and Depression. Review of the BIMS assessment for Resident #111 dated 3/5/2026, revealed the resident scored a 13 which indicated the resident was cognitively intact. Review of the care plan for Resident #111 dated 3/12/2026, revealed .ADLs Functional Status .Dressing and Grooming assist x1 . During an observation on 3/16/2026 at 12:15 PM, CNA A delivered the lunch meal tray to Resident #111. CNA A set up the resident's lunch tray and exited the room without offering hand hygiene assistance to the resident. Review of the medical record revealed Resident #11 was admitted to the facility on [DATE] with diagnoses including Infection and Inflammatory Reaction due to Indwelling Urethral Catheter, Depression, Paraplegia, Muscle Weakness, and Abnormalities of Gait and Mobility. Review of the admission MDS assessment dated [DATE], revealed Resident #11 scored a 13 on the BIMS assessment which indicated the resident was cognitively intact. Resident #11 required substantial/maximal assistance for personal hygiene. Review of the care plan for Resident #11 dated 2/26/2026, revealed .self care deficit related to impaired physical functioning and medical conditions as evidenced by the need for staff assistance for adequate completion of ADL cares . During an observation on 3/16/2026 at 12:16 PM, CNA A delivered the lunch meal tray to Resident #11. CNA A exited the room without offering hand hygiene assistance to the resident. During an interview on 3/16/2026 at 12:20 PM, CNA A confirmed residents were to be offered hand hygiene assistance prior to meals with sanitizing wipes. The sanitizing wipes were available on the meal cart. CNA A confirmed she had not offered hand hygiene assistance to residents today and stated .I didn't today . During an interview on 3/16/2026 at 12:30 PM, the Director of Nursing (DON) confirmed staff were to offer hand hygiene assistance to all residents prior to meals with hand sanitizer if the resident is in the dining room and by hand sanitizing wipes when the tray was delivered to the resident's room via the meal cart.