STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	445362	A. Building B. Wing	01/07/2026

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Signature Healthcare of Fentress County	208 Duncan St North Jamestown, TN 38556

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 0812 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Many	Procure food from sources approved or considered satisfactory and store, prepare, distribute and serve food in accordance with professional standards. Based on facility policy review, observations, and interviews, the facility failed to ensure the kitchen equipment was maintained in a sanitary working condition.The findings include: Review of the facility's Nutritional Services policy titled, Equipment, dated 9/2017, revealed .All food service equipment will be clean, sanitary, and in proper working order .All equipment will be routinely cleaned and maintained in accordance with manufacturer's directions and training materials .All food contact equipment will be cleaned and sanitized after every use .All non-food contact equipment will be clean and free of debris . During an observation and interview of the kitchen during the initial tour on 1/5/2026 at 9:55 AM, with the Certified Dietary Manager (CDM) revealed on inspection of the cook-top stove / oven, the splash plate behind the stove top burners was noted to have smeared, dried, dark brown food debris present.The food debris collection pans under the burners of the stove had no aluminum foil lining the pans, the pans had a moderate amount of partially burned food debris present representing multiple food groups. The oven doors of the unit had dried, brown/black food debris on the top of both oven doors. The double convection oven was observed with dried brown/black food debris present on the inside of both doors of the upper convection oven unit. The glass portion of the doors of the upper unit and lower unit were covered with brown food debris which completely blocked the view of food cooking in the convection oven unit. Review of dietary staff in-service/education material and competencies provided to the kitchen staff upon hire and as needed revealed the dietary staff had completed education upon hire and routinely on preventing foodborne illness, infection control, maintaining a sanitary kitchen, maintaining/operating kitchen equipment, and safety procedures in the kitchen. Review of the equipment cleaning logs for the previous 90 days prior to the survey revealed complete entries documented on the logs, no missing entries were noted. During an interview on 1/5/2026 at 10:35 AM, the CDM stated the kitchen's food service equipment was deep cleaned weekly and daily after use and confirmed the cook-top oven as well as the double convection oven unit needed a thorough cleaning and was not currently in a sanitary condition.

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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(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (Each deficiency must be preceded by full regulatory or LSC identifying information)
F 0641 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Ensure each resident receives an accurate assessment. **NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** Based on review of the Centers for Medicare and Medicaid (CMS) Resident Assessment Instrument (RAI) Version 3.0 Manual, medical record review, and interview, the facility failed to accurately complete a Minimum Data Set (MDS) assessment for weight loss and weight gain for 1 resident (Resident #7) of 19 residents reviewed.The findings include: Review of the MDS 3.0 RAI Manual Version 19.1, dated 10/2024, revealed instructions, .For a New Admission-Ask the resident, family, or significant other about weight loss over the past 30 and 180 days .If the admission weight is less than the previous weight, calculate the percentage of weight loss .Complete the same process to determine and calculate weight loss comparing the admission weight to the weight 30 and 180 days ago . For a New Admission-Ask the resident, family, or significant other about weight gain over the past 30 and 180 days .If the admission weight is more than the previous weight, calculate the percentage of weight gain .Complete the same process to determine and calculate weight gain comparing the admission weight to the weight 30 and 180 days ago . Further review revealed the weight gain and/or weight loss must be at least 30% in 30 days, and/or 10% in 180 days. Review of the medical record revealed Resident #7 was admitted to the facility on [DATE] with diagnoses including Pulmonary Disease, Spinal Compression Fractures, and Protein-Calorie Malnutrition. Review of the medical record revealed Resident #7 was transferred to the hospital on [DATE]. There was no weight documented between initial admission of 10/31/2025 and 11/4/2025. Review of an admission MDS assessment dated [DATE], revealed Resident #7 scored a 15 on the Brief Interview for Mental Status (BIMS) assessment which indicated the resident was cognitively intact. Further review revealed weight loss of 5% or more in the last month or loss of 10% or more in last 6 months was coded .yes, not on prescribed weight-loss regimen . and weight gain of 5% or more in the last month or gain of 10% or more in last 6 months was coded .yes, on physician-prescribed weight-gain regimen . Review of the medical record revealed Resident #7 returned to the facility on [DATE] and the next weight documented was 11/17/2025 of 84 lbs (pounds), followed by 11/24/2025 of 86 lbs, and 12/1/2025 of 88.4 lbs. Review of the medical record revealed Resident #7 was transferred to the hospital on [DATE] and returned on 12/9/2025. Weights were documented on 12/10/2025 of 85 lbs, 12/12/2025 of 85 lbs, and 12/14/2025 of 85.6 lbs. Review of a 5-day MDS assessment dated [DATE], revealed Resident #7 scored an 11 on the BIMS assessment which indicated the resident had mild cognitive impairment. Further review revealed weight loss of 5% or more in the last month or loss of 10% or more in last 6 months was coded .yes, not on prescribed weight-loss regimen . Review of the medical record revealed no documentation Resident #7 had experienced a weight loss or gain of 5% in 1 month or 10% in the past 6 months. During an interview on 1/7/2026 at 12:30 PM, the MDS Nurse stated Resident #7's family said the resident had a weight gain followed by weight loss prior to admission. The MDS Nurse confirmed there were no actual weights provided by the family to determine accurate percentages and confirmed the MDS's dated 11/4/2025 and 12/15/2025 were coded incorrectly.

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(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (Each deficiency must be preceded by full regulatory or LSC identifying information)
F 0686 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Provide appropriate pressure ulcer care and prevent new ulcers from developing. **NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** Based on facility policy review, medical record review, and interview, the facility failed to provide resident-centered interventions to prevent pressure injury development for one 1 resident (Resident #10) of 3 residents reviewed with pressure injuries.The findings include: Review of the facility policy titled, Skin Integrity, dated 1/31/2025, revealed .a resident receives care, consistent with standards of practice, to prevent avoidable skin integrity issues .the facility utilizes either a pressure reducing, pressure relieving, or pressure redistributing mattress on each resident bed . Review of the medical record revealed Resident #10 was [AGE] years old and was admitted to the facility on [DATE] with diagnoses including Spinal Vertebrae Compression Fracture, Diabetes, Peripheral Vascular Disease, and Dementia. Review of Resident #10's Nursing Leader Wound assessment dated [DATE], revealed the resident had redness to the coccyx on admission to the facility. Review of the admission Minimum Data Set (MDS) assessment dated [DATE], revealed Resident #10 scored an 11 on the Brief Interview of Mental Status (BIMS) assessment which indicated the resident had mild cognitive impairment. Further review revealed Resident #10 required partial/moderate assistance with bed mobility and transfers, was not ambulatory, was frequently incontinent of bladder, and always incontinent of bowel. Review of the current comprehensive care plan for Resident #10 revealed standard interventions dated 6/20/2025, including .assist to turn and position frequently .weekly skin check .Braden assessment quarterly and prn .pressure relieving mattress .incontinence care . Review of a Braden risk assessment dated [DATE], revealed Resident #10 scored a 13, which stated, .13-14=MODERATE RISK-if other risk factors are present advance to next level of risk . Resident #10 had risk factors including advanced age, and multiple diagnoses that could contribute to risk for skin breakdown including Diabetes and Peripheral Vascular Disease. Review of a Braden risk assessment dated [DATE], revealed Resident #10 scored a 15 which stated, .15-18=MILD RISK-if other major risk factors are present .advance to next level of risk . Review of the medical record and Physician's Orders prior to 9/9/2025 revealed no orders or documentation of resident-specific measures to prevent skin impairment and injury from pressure. Review of a wound evaluation for Resident #10 dated 9/9/2025, revealed the resident was observed on 9/9/2025 with a new stage 3 pressure injury on the right heel, and a treatment order was initiated. Review of the Physician's Orders for Resident #10 revealed an order dated 9/9/2025 to float heels when lying in bed and an order for heel protectors when lying in bed or as resident allows. Review of a wound evaluation for Resident #10 dated 11/5/2025, revealed the resident was observed on 11/4/2025 with a new deep tissue injury on the left heel, and a treatment order was initiated. Review of the current comprehensive care plan for Resident #10 revealed a problem dated 11/11/2025, .demonstrates non-compliance .as evidenced by refusal to turn and reposition . Review of a Pressure Ulcer Letter of Unavoidability for Resident #10 dated 12/3/2025, revealed documentation .despite routine and appropriate prevention interventions such as turning and repositioning, use of pressure-reducing or relieving devices, good skin care, and maintenance of adequate nutrition and hydration .the ulcer is considered unavoidable. Review of a wound evaluation for Resident #10 dated 12/10/2025, revealed the resident was observed on 12/9/2025 with new unstageable pressure injuries clustered on right and left buttocks area and combined as 1 sacral area, and a treatment order was initiated. Review of the current comprehensive care plan for Resident #10 revealed interventions dated 12/10/2025, .implement pressure reducing device such as mattress, cushion to chair as indicated .assist with turning and positioning as allows . and an intervention dated 12/22/2025, .air mattress placed on bed . Review of the entire Medical Record revealed no evidence of preventive interventions to prevent a pressure ulcer to the heels until 9/9/2025 when the resident developed a new facility-acquired stage 3 pressure ulcer on the right heel. Further review revealed the resident experienced a steady deterioration in condition related to diagnoses and comorbidities, including other pressure ulcers deemed unavoidable, and the practitioner (continued on next page)

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F 0686 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	determined on 1/7/2026, .pressure wounds unavoidable, even with strict adherence to turning schedules, air mattress, offloading pressure, appetite stimulants, emotional support, and proper skin care .contributing comorbid conditions: poorly controlled Diabetes, Anemia, poor/unbalanced sodium, Chronic Kidney Disease, Heart Failure . Resident #10 was admitted to Hospice services on 1/6/2026. During an interview on 1/7/2026 at 10:00 AM, the Director of Nursing (DON) stated a pressure reduction mattress is standard on all beds at the facility and confirmed the standard of practice to avoid pressure ulcer development on the heels is to provide off-loading using pillows, wedges, or heel boots. The DON confirmed there was no documentation that off-loading was provided to Resident #10 until after the new facility acquired stage 3 pressure injury was found on the left heel on 9/9/2025.

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F 0813 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Have a policy regarding use and storage of foods brought to residents by family and other visitors. **NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** Based on facility policy review, observation, and interview, the facility failed to meet safety requirements for personal refrigerator temperatures and foods in date for 1 resident (Resident #76) of 18 residents with personal refrigerators.The findings include: Review of the facility's policy titled, Foods Brought by Family/Visitors, revised 3/25/2024, revealed .If a resident has a refrigerator in their room temperatures will be maintained at an appropriate level . Resident #76 was admitted to the facility on [DATE] with diagnoses including Heart Failure, Acute Kidney Failure, and Cirrhosis of the Liver. Review of a quarterly Minimum Data Set (MDS) assessment dated [DATE], revealed Resident #76 scored a 14 on the Brief Interview for Mental Status (BIMS) which indicated the resident was cognitively intact. During an observation on 1/5/2026 at 10:50 AM, Resident #76's room revealed a personal refrigerator in use. Upon opening the refrigerator door, one pint sized milk carton unopened was located on the top shelf inside of the refrigerator. The expiration date on the container was 11/14/2025. Further observation revealed the thermometer reading of 51 degrees Fahrenheit. During an interview and observation on 1/5/2026, Licensed Practical Nurse (LPN) A confirmed the milk in Resident #76's personal refrigerator was expired and the temperature on the thermometer was out of the safe range for food temperature storage at 51 degrees Fahrenheit. LPN A discarded the expired milk after notifying the resident and notified maintenance about the refrigerator temperature. During an interview on 1/6/2026 at 11:45 AM, the Director of Nursing (DON) confirmed that it was the responsibility of the housekeeping staff to clean, maintain and perform daily temperature checks and record the information on a temperature log.