

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  445363	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED  03/04/2025
NAME OF PROVIDER OR SUPPLIER  Standing Stone Care and Rehab		STREET ADDRESS, CITY, STATE, ZIP CODE  410 W Crawford Avenue Monterey, TN 38574	

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 0644</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Coordinate assessments with the pre-admission screening and resident review program; and referring for services as needed.</p> <p><b>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY**</b> 50480</p> <p>Based on facility policy review, medical record review, and interview, the facility failed to resubmit a Pre-Admission Screening and Resident Review (PASRR) to include an active mental health condition present upon admission for 1 resident (Resident #22) of 4 residents reviewed for PASRR.</p> <p>The findings include:</p> <p>Review of the facility's policy titled, Pre-Admission Screening and Resident Review (PASRR), revised 9/15/2023, revealed .PASARR is a federal requirement .be evaluated for serious mental illness .A negative Level I screen permits admission .and ends the PASARR process unless a possible serious mental disorder arises later .Referral should be made as soon as the criteria indicating such are evident .</p> <p>Review of a PASRR Level 1 screen outcome for Resident #22 dated 10/28/2024, revealed the resident did not have mental health conditions diagnosed or suspected.</p> <p>Review of the medical record revealed Resident #22 was admitted to the facility on [DATE] with diagnoses including Dementia, Post Traumatic Stress Disorder (PTSD), Muscle Weakness, and Kidney Failure.</p> <p>Review of a 5-day admission Minimum Data Set (MDS) assessment for Resident #22 dated 11/12/2024, revealed the resident had short-term and long-term memory impairment with severely impaired cognitive skills for daily decision making. Further review of the 5-day admission MDS assessment revealed Resident #22 had a diagnosis of PTSD.</p> <p>Review of the medical record revealed Resident #22 was diagnosed with a new mental health condition (Depression) on 1/20/2025.</p> <p>During a record review and interview on 3/3/2025 at 1:05 PM, the Infection Preventionist/ Staff Development Coordinator (IP/SDC) stated the Level 1 screen outcome for Resident #22 dated 10/28/2024, was the most recent referral to the state designated PASRR agency for this resident. During further interview the IP/SDC confirmed the PASRR Level 1 outcome did not include the diagnosis of PTSD, and also confirmed facility failed to refer Resident #22 to the state designated agency for PASRRS after identifying and admission diagnoses of PTSD and after a new mental health diagnosis of Depression was added.</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 0656</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Develop and implement a complete care plan that meets all the resident's needs, with timetables and actions that can be measured.</p> <p><b>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY**</b> 27405</p> <p>Based on facility policy review, medical record review, and interview, the facility failed to develop a comprehensive person-centered care plan related to Post Traumatic-Stress Disorder (PTSD) for 1 resident (Resident #25) of 2 residents reviewed for PTSD.</p> <p>The findings include:</p> <p>Review of the facility's policy titled, Comprehensive Care Plans, revised 2/9/2024, revealed .The facility will develop and implement a comprehensive person-centered care plan for each resident .to meet resident's . mental and psychosocial needs that are identified in the comprehensive assessment .</p> <p>Review of the medical record revealed Resident #25 was admitted to the facility on [DATE] with diagnoses including Major Depressive Disorder, Anxiety Disorder, and PTSD.</p> <p>Review of a quarterly Minimum Data Set (MDS) assessment dated [DATE], revealed Resident #25 scored a 12 on the Brief Interview for Mental Status (BIMS) assessment which indicated the resident had moderate cognitive impairment and the resident had an active diagnosis of PTSD.</p> <p>Review of a Nurse Practitioner (NP) Psychiatry Progress Note for Resident #25 dated 2/3/2025, revealed the NP was following the resident for history of Depression, Anxiety, PTSD, Insomnia, and Parkinsons.</p> <p>Review of the comprehensive care plan dated 2/26/2025, revealed Resident #25 did not have a person-centered care plan developed for PTSD.</p> <p>During an interview on 3/3/2025 at 4:26 PM, MDS Coordinator A and MDS Coordinator B confirmed Resident #25 had an active diagnosis of PTSD and confirmed a person-centered care plan for PTSD was not developed for Resident #25.</p>

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<p>F 0693</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>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.</p> <p><b>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY**</b> 51371</p> <p>Based on facility policy review, medical record review, observation, and interview, the facility failed to label a tube feeding formula appropriately for 1 resident (Resident #80) of 1 resident sampled for tube feeding.</p> <p>The findings include:</p> <p>Review of the facility's policy titled, Gastrostomy [tube placed directly into the stomach through an abdominal wall incision for administration of food, fluids, and medications] Feeding Guidelines, revised 2/7/2023, revealed .Label bag with tube-feeding type, strength, and amount .include date, time, and initials .</p> <p>Review of the medical record revealed Resident #80 was admitted to the facility on [DATE] with diagnoses including Protein-Calorie Malnutrition, Dysphagia (difficulty swallowing), and Gastrostomy.</p> <p>Review of a Physician's Order for Resident #80 dated 2/12/2025, revealed .Enteral Feed .[name of tube feeding formula] at 40 ml/hr [milliliters per hour] .</p> <p>Review of an admission Minimum Data Set (MDS) assessment dated [DATE], revealed Resident #80 scored a 13 on the Brief Interview for Mental Status (BIMS) assessment which indicated the resident was cognitively intact and had a feeding tube for nutrition.</p> <p>Review of the comprehensive care plan for Resident #80 revised 2/25/2025, revealed .use of enteral feeding . administer tube feeding formula as ordered .</p> <p>Review of the Medication Administration Record (MAR) for Resident #80 dated 3/2025, revealed the tube feeding formula [name of tube feeding formula] was administered on 3/2/2025.</p> <p>During an observation on 3/2/2025 at 11:47 AM, in Resident #80's room, revealed Resident #80 was receiving the tube feeding formula via (by way of) pump (device used to deliver an enteral tube feeding formula to a resident through a feeding tube). Further observation revealed the tube feeding formula for Resident #80 was not labeled or dated appropriately to include the type of formula, date, time, or the nurse's initials.</p> <p>During an interview on 3/2/2025 at 12:10 PM, in Resident #80's room, Licensed Practical Nurse (LPN) G stated the tube feeding formula for Resident #80 was initiated .on the previous shift . and should have been labeled and dated at that time. LPN G confirmed the tube feeding formula was not labeled or dated appropriately (to include the enteral formula information, date, time , and the nurse's initials).</p> <p>During an interview on 3/4/2025 at 7:47 AM, the Director of Nursing (DON) stated when an enteral tube feeding formula is initiated for a resident, the tube feeding formula should be labeled and dated appropriately to include the type of enteral formula, date, time, and nurse's initials. The DON confirmed the tube feeding formula for Resident #80 was not labeled appropriately on 3/2/2025.</p>		