STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	445363	A. Building B. Wing	05/14/2026

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Standing Stone Care and Rehab	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)
F 0761 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	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. Based on observation, interview, and facility policy review, the facility failed to ensure 1 of 2 medication carts observed was free of loose pills. Findings include: A facility policy titled, Storage of Medication, dated 01/2025, indicated, Policy - Medications and biologicals are stored properly, following manufacturer's or provider pharmacy recommendations, to keep their integrity and to support safe, effective drug administration. The policy also indicated, 16. Medication storage areas should be kept clean, well lit, organized and free of clutter. An observation of the medication cart at Nursing Station 2, on 05/13/2026 at 10:38 AM, revealed in the second drawer, under the medication bubble-pack cards, there was one loose round, yellow-colored pill and one loose oval, peach-colored pill. The observation revealed in the medication cart's third drawer, under the medication bubble-pack cards, there was one loose, round, white-colored pill. During a concurrent interview, the Infection Preventionist (IP) stated that the loose pills should not have been in the medication cart. The IP stated nurses were responsible for ensuring the carts were clean. During an interview on 05/14/2026 at 9:14 AM, the Director of Nursing (DON) stated she expected that medications no longer in use were stored in a secured area in specifically labeled locations and should not have been mixed in with other medications until they were disposed of or returned to the pharmacy. The DON stated nurses and nursing leadership were responsible for checking medication storage areas to ensure that medications out of service were destroyed or returned to the pharmacy.

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