STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	445369	A. Building B. Wing	02/19/2026

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Signature Healthcare of Cleveland	2750 Executive Park Place Cleveland, TN 37312

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, observations, and interviews, the facility failed to label, and date opened food items and maintain kitchen equipment in a sanitary condition in 1 of 1 kitchen and failed to discard expired cold food items in 1 of 1 nourishment rooms which had the potential to affect 93 of 95 residents residing in the facility. The findings include: Review of the facility's policy titled, Equipment, revised 9/2017, revealed All foodservice equipment will be clean, sanitary, and in proper working order .all equipment will be routinely cleaned and maintained .all non food contact equipment will be clean and free of debris . Review of the facility's policy titled, Receiving, revised 2/2023, revealed .All food items will be appropriately labeled and dated either through manufacturer packaging or staff notation . Review of the facility's policy titled, Foods Brought by Family/Visitors, revised 9/15/2023, revealed Staff will discard foods .past due package expiration dates . During an observation on 2/17/2026 at 10:02 AM, in the kitchen's walk-in cooler with the Certified dietary Manager (CDM) revealed: (1) 1 gallon of Whole Milk and (2) 1 gallon of Butter Milk opened, undated, and available for resident use. During an interview on 2/17/2026 at 10:04 AM, the Certified Dietary Manager (CDM) confirmed (1) gallon of Whole Milk and (2) 1 gallon Butter Milk were open, unlabeled, and available for use. Review of the facility's cleaning log dated 2/8/2026 - 2/14/2026 posted in the kitchen on 2/17/2026 at 10:15 AM, revealed the ovens were to be cleaned daily and the convection and deep fryer were to be cleaned weekly. Continued review revealed no documentation the oven being cleaned daily from 2/8/2026 -2/14/2026. Further review revealed no documentation that the convection oven was cleaned between 2/8/2026 - 2/14/2026. Continued review revealed the deep fryer was last cleaned on 2/9/2026. There was no cleaning log available after 2/14/2026. During an observation on 2/17/2026 at 10:18 AM, in the kitchen line prep cooking area with the CDM revealed: 1 oven not in use with baked food particles on the inside oven door and brown splattered substance on the oven floor. 1 convection oven with a black and brown splattered substance on the entire inside of both oven doors. The convection oven had a sticky brown substance streaked down the front of the legs. Beneath the convection oven to the right of the fryer revealed a greasy black substance on the floor. 1 fryer not in use had food particles in the metal reservoir and grease splatters on the side of the convection oven. During an interview on 2/17/2026 at 10:30 AM, the CDM confirmed the ovens had not been cleaned and the fryer was last cleaned on 2/9/2026. During an observation on 2/17/2026 at 10:32 AM, in the nourishment room with the CDM revealed: 11 black cherry and mixed berry low fat yogurt 5.3 ounces in the nourishment room refrigerator with an expiration date of 2/9/2026 available for resident use. 5 Whole Milk 12-ounce bottles in the nourishment room refrigerator with an expiration date of 2/7/2026 available resident for use. During an interview on 2/17/2026 at 10:37 AM, the CDM confirmed 11 black cherry and mixed berry low fat yogurt 5.3 ounces had an expiration date of 2/7/2026 and was available for resident use.

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 0813 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Some	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, medical record review, observations, and interviews, the facility failed to ensure resident personal refrigerators were maintained in a clean and sanitary manner, failed to ensure temperature logs were maintained and temperatures were within facility policy recommendations, and failed to ensure expired foods were not available for resident use for 6 residents (Residents #114, #71, #11, #31, #18, and #9) of 11 resident personal refrigerators observed.The findings include:Review of the facility's policy titled, Food Brought in by Family/Visitors, dated 9/2023, revealed .to ensure proper handling, serving, and storage of food items brought into our facilities by families .the staff will both ensure and utilize proper safe food handling practices .if a resident has a refrigerator in their room a thermometer be used to ensure appropriate temperatures are maintained .these daily temperature checks should be recorded .perishable foods .containers will be labeled with resident's name, and the date brought in, so staff are aware of the by use-by date (3 days) .staff will discard perishable items prior to the use by date .Medical record review revealed Resident #114 was admitted to the facility on [DATE] with diagnoses including Alzheimer's Disease, Rheumatoid Arthritis, and Atrial Fibrillation. Review of a quarterly Minimum Data Set (MDS) assessment dated [DATE], revealed Resident #114 scored a 15 on the Brief Interview for Mental Status (BIMS) assessment which indicated the resident was cognitively intact. Review of a personal refrigerator temperature log for Resident #114 dated 2/2026, revealed .temperature should be at 32-41 degrees . The log had temperatures recorded of 42 degrees, above the specified range, on 4 days (2/6/2026, 2/7/2026, 2/8/2026, and 2/9/2026), and had no temperatures recorded on 8 days (2/3/2026, 2/4/2026, 2/5/2026, 2/10/2026, 2/11/2026, 2/12/2026, 2/17/2026, and 2/18/2026). During an observation on 2/18/2026 at 9:30 AM, Resident #114's personal refrigerator revealed a tray in the freezer compartment, with the bottom covered with a yellow substance, with multiple small gray fuzzy-appearing splotches. The refrigerator contained a cinnamon roll in an undated ziplock bag, and a sandwich in an undated ziplock bag.Medical record review revealed Resident #71 was admitted to the facility on [DATE] with diagnoses including Lumbar Vertebrae Compression Fracture, Osteoporosis, and Lung Disease. Review of an annual MDS assessment dated [DATE], revealed Resident #71 scored a 15 on the BIMS assessment which indicated the resident was cognitively intact. Review of a personal refrigerator temperature log for Resident #71 dated 2/2026, revealed .temperature should be at 32-41 degrees . The log had no temperatures recorded on 8 days (2/3/2026, 2/4/2026, 2/5/2026, 2/10/2026, 2/11/2026, 2/16/2026, 2/17/2026, and 2/18/2026). During an observation on 2/18/2026 at 9:35 AM, revealed Resident #71's personal refrigerator had a thermometer inside which read 44 degrees Fahrenheit, above the specified range of 32-41 degrees. The refrigerator contained a cinnamon roll in an undated ziplock bag.Medical record review revealed Resident #11 was admitted to the facility on [DATE] with diagnoses including Dementia, Epilepsy, and Traumatic Brain Injury.Review of a quarterly MDS assessment dated [DATE], revealed Resident #11 scored a 3 on the BIMS assessment which indicated the resident had severe cognitive impairment.During an observation on 2/18/2025 at 9:40 AM, Resident #11's personal refrigerator revealed a large accumulation of thick ice build-up filling half of the freezer compartment.Review of a personal refrigerator temperature log for Resident #11 dated 2/2026, revealed .temperature should be at 32-41 degrees . The log had no temperatures recorded on 8 days (2/3/2026, 2/4/2026, 2/5/2026, 2/10/2026, 2/11/2026, 2/12/2026, 2/17/2026, and 2/18/2026). Medical record review revealed Resident #31 was admitted to the facility on [DATE] with diagnoses including Multiple Sclerosis, Hypothyroidism, and Hypertension.Review of an annual MDS assessment dated [DATE], revealed Resident #31 scored a 13 on the BIMS assessment which indicated the resident was cognitively intact. Review of a personal refrigerator temperature log for Resident #31 dated 2/2026, revealed .temperature should be at 32-41 degrees . The log had no temperatures recorded on 8 days (2/3/2026, (continued on next page)

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F 0813 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Some	2/4/2026, 2/5/2026, 2/10/2026, 2/11/2026, 2/12/2026, 2/17/2026, and 2/18/2026). During an observation on 2/18/2026 at 9:45 AM, Resident #31's personal refrigerator revealed sticky brown substance, liquid to honey consistency, covering the bottom of the fridge.Medical record review revealed Resident #18 was admitted to the facility on [DATE] with diagnoses including Dementia, Diabetes, and Heart Disease.Review of a quarterly MDS assessment dated [DATE], revealed Resident #18 scored a 12 on the BIMS assessment which indicated the resident had moderate cognitive impairment.Review of a personal refrigerator temperature log for Resident #18 dated 2/2026, revealed .temperature should be at 32-41 degrees . The log had no temperatures recorded on 8 days (2/3/2026, 2/4/2026, 2/5/2026, 2/10/2026, 2/11/2026, 2/12/2026, 2/17/2026, and 2/18/2026). During an observation on 2/18/2026 at 9:50 AM, Resident #18's personal refrigerator revealed a plastic container of cranberry juice with an expiration date of 8/10/2025 (which was 193 days past the expiration date) and was available for resident use.Medical record review revealed Resident #9 was admitted to the facility on [DATE] with diagnoses including Heart Failure, History of Stroke with Hemiplegia, and Hypertension.Review of a significant change in status MDS assessment dated [DATE], revealed Resident #9 scored a 9 on the BIMS assessment which indicated the resident had moderate cognitive impairment.Review of a personal refrigerator temperature log for Resident #9 dated 2/2026, revealed .temperature should be at 32-41 degrees . The log had no temperatures recorded on 8 days (2/3/2026, 2/4/2026, 2/5/2026, 2/10/2026, 2/11/2026, 2/12/2026, 2/17/2026, and 2/18/2026). During an observation on 2/18/2026 at 9:55 AM, Resident #9's personal refrigerator revealed an unopened milk carton with an expiration date of 1/7/2026 (which was 43 days after the expiration date) and was available for resident use. During an interview with the Director of Nursing (also Infection Control Nurse) on 2/19/2026 at 10:07 AM, revealed there have been no food-borne illness at the facility. During observations and interviews on 2/19/2026 at 2:00 PM, the Regional Director (for Housekeeping) and the Assistant Director of Nursing (ADON) confirmed the facility failed to ensure resident refrigerator temperatures were within the safe zone of 32-41 degrees, temperature logs were not documented daily, expired foods were not discarded, and the refrigerators were not maintained in a clean and sanitary manner. During an interview on 2/19/2026 at 2:20 PM, the Administrator stated the night shift nursing staff were responsible for maintaining the cleanliness and food in personal refrigerators, and to check and document temperature on the logs daily.

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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 0694 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Provide for the safe, appropriate administration of IV fluids for a resident when needed. **NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** Based on facility policy review, medical record review, observations, and interviews, the facility failed to label the intravenous (IV) medication tubing for 1 resident (Resident #97) of 2 residents reviewed with IV medications.The findings include:Review of the facility's policy titled, Administration Set/Tubing Changes, dated 8/2021, revealed .primary intermittent tubing is changed every 24 hours and .upon suspected contamination or when the integrity of the tubing has been compromised . Medical record review revealed Resident #97 was admitted to the facility on [DATE] with diagnoses including Cellulitis of the Lower Limb, Lung Disease, and Heart Failure.Review of a Brief Interview for Mental Status (BIMS) assessment dated [DATE], revealed Resident #97 scored a 15 which indicated the resident was cognitively intact.Review of the physician's orders revealed Resident #97 had a physician order dated 2/10/2026 for cefepime (antibiotic medication used to treat certain bacterial infection) 2 grams intravenously every 8 hours, and a physician's order dated 2/10/2026 for Vancomycin (antibiotic medication used to treat certain bacterial infection) 1 gram intravenously every 12 hours.During an observation on 2/17/2026 at 10:45 AM, revealed Resident #97 sitting in a wheelchair at bedside. An intravenous (IV) pole was near the resident, and both antibiotic medication bags were empty after the last administration and hanging from the IV pole. The tubing was still attached to the bags, and neither tubing set was labeled with the date they had been changed.Review of the Medication Administration Record (MAR) dated 2/2026, revealed Resident #97 received the Vancomycin IV medication dose ordered at 12:00 PM.During an observation and interview on 2/17/2026 at 11:15 AM, the Assistant Director of Nursing (ADON) confirmed both IV tubing sets had not been dated, and confirmed she was not able to see when they had last been changed or needed to be changed.During an observation on 2/17/2026 at 12:45 PM, revealed Resident #97 sitting in a wheelchair at bedside with an IV medication hanging on the pole, and infusing into the IV site in the resident's right upper arm. The IV medication tubing was not dated.

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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 manufacturer's recommendations, facility policy review, facility document review, observation, and interview, the facility failed to properly store medications in 1 of 1 medication room observed.The findings include: Review of the Tuberculin Purified Protein Derivative manufacturer's recommendations dated 10/2021, revealed .indicated to aid diagnosis of tuberculosis infection (TB) in persons at increased risk of developing active disease .STORAGE .A vial of TUBERSOL which has been entered and in use for 30 days should be discarded . Review of the facility's policy titled, Storage of Medication, dated 1/2025, revealed .Medications and biologicals are stored properly, following manufacturer's .recommendations to keep their integrity and to support safe, effective drug administration .Medications are .stored in a controlled environment. This may include such containers as medication carts, medication rooms, medication cabinets, or other suitable containers . During an observation on 2/18/2026 at 8:40 AM, in the medication room, with Licensed Practical Nurse (LPN) A the medication refrigerator contained 1 opened vial of .Tuberculin Purified Protein Derivative (Mantoux) .TUBERSOL .Multi-dose vial .5 mL [milliliters] .Discard opened product after 30 days . with an expiration date of 7/2028. The vial was not dated with an open date. LPN A was unaware when the vial had been opened and confirmed the vial was to be discarded 30 days after opening. LPN A confirmed she was unaware when to discard the vial because there was no open date on the vial. Review of facility documentation dated 2/18/2026, revealed .This statement is to confirm that residents that received a TB [tuberculosis] skin test, experienced no adverse reactions within the past 30 days. The residents were monitored per facility protocol following administration of the test, and no signs of allergic reaction, complications, or negative side effects were observed or reported . During an interview on 2/18/2026 at 10:52 AM, the Director of Nursing (DON) stated Tuberculin vials were to be dated when opened and discarded within 30 days of open date. The DON confirmed the vial of opened Tuberculin was not dated when opened and the DON was unaware of the date it was to be discarded since it had not been dated.

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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, medical record review, observation, and interview, the facility failed to ensure proper infection control practices related to indwelling urinary catheter use were followed for 1 resident (Resident #11) reviewed of 9 residents reviewed for urinary catheters. The findings include: Review of the facility's policy titled, Foley Catheter Use, dated 1/31/2025, revealed .ensure that the use of indwelling urinary catheters .prevent infections .avoid letting bag or tubing touch the floor. Review of the medical record revealed Resident #11 was readmitted to the facility on [DATE] with diagnoses of Dementia, Ureteral Calculous Obstruction [a kidney stone logged in the ureter], and Obstructive and Reflux Uropathy [a blockage in the urinary tract]. Review of a significant change in status Minimum Data Set (MDS) dated [DATE], revealed Resident #11 scored a 10 on the Brief Interview for Mental Status (BIMS) assessment which indicated the resident had moderate cognitive impairment. Further review revealed Resident #11 had an indwelling catheter. Review of the comprehensive care plan dated 1/6/2026 revealed .Indwelling catheter . During an observation on 2/17/2026 at 2:59 PM, Resident #11's urinary catheter bag and tubing were observed touching the floor. During an observation on 2/18/2026 at 10:08 AM, Resident #11's urinary drainage bag and tubing were observed lying on the floor. During an observation on 2/19/2026 at 8:16 AM, Resident #11's urinary drainage bag was observed clipped to the frame of the bed and tubing rested on the floor. During an interview on 2/19/2026 at 8:19 AM in Resident #11's room, Licensed Practical Nurse (LPN) B and surveyor observed the resident's urinary tubing touching the floor. The LPN confirmed the urinary and tubing are to be off the floor to prevent potential urinary tract infections. During an interview on 2/19/2026 at 8:23 AM, the Director of Nursing (DON) confirmed the expectation is for urinary catheter bags and tubing to be off of the floor and attached to the bed frame to prevent urinary tract infections.