STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	445372	A. Building B. Wing	02/19/2026

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Hardin County NH	935 Wayne Road Savannah, TN 38372

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 0644 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Coordinate assessments with the pre-admission screening and resident review program; and referring for services as needed. **NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** Based on policy review, medical record review, and interview, the facility failed to resubmit a Preadmission Screening and Resident Review (PASRR) after the addition of a new mental illness diagnosis for 2 of 2 (Resident #17 and #21) sampled residents reviewed for PASRR. The findings include: 1. Review of the facility policy titled, Pre-admission Screening and Resident Review (PASRR), dated 10/1/2024, revealed .PASRR requires that.all applicants to a Medicaid-certified nursing facility be evaluated for serious mental illness.A negative Level I screen permits admission to proceed and ends the PASARR [PASRR] process unless a possible serious mental disorder . arises later.An individual is considered to have a serious mental illness.Diagnosis.anxiety disorder.psychotic disorder; or another mental disorder that may lead to a chronic disability.If a significant change in status assessment (SCSA) occurs for an individual known or suspected to have a mental illness.a referral to the State Mental Health.for a possible Level II PASRR evaluation must promptly occur as required by Section 1919(e)(7)(B)(iii) of the Social Security Act.Referral should be made as soon as the criteria in indicating such are evident - the facility should not wait until the SCSA is complete. 2. Review of the medical record revealed Resident #17 was admitted to the facility on [DATE], with diagnoses including Depression, Conduct Disorder, Impulse Disorder, and Anxiety. Review of the facility document titled, Pre-admission SCREENING and RESIDENT REVIEW: PASRR dated 9/23/2014, revealed Resident #17 was not noted for the diagnoses of Bipolar Disorder. Review of the quarterly Minimum Data Set (MDS) assessment dated [DATE], revealed Resident #17 scored a 15 on the Brief Interview for Mental Status (BIMS) assessment, which indicated he was cognitively intact and had diagnoses including Anxiety, Depression, and Bipolar Disorder. Review of the Psychiatric Evaluation dated 12/18/2024, revealed .Recommended .add dx [diagnosis] . [bipolar disorder] to diagnosis list . Review of the medical record revealed no documentation that a PASRR had been resubmitted for Resident #17 after the addition of a new mental illness diagnosis of Bipolar Disorder on 12/20/2024. The facility failed to update Resident #17's PASSR after the addition of a new mental health diagnosis. 3. Review of the medical record revealed Resident #21 was admitted to the facility on [DATE], with diagnoses including Parkinson's Disease, Hyperlipidemia, and Hypertension. Review of the PASRR dated 7/19/2024, revealed Resident #21 was marked for no mental health diagnosis, no known mental health behaviors, and no prescribed psychoactive medications. Review of the medical record revealed a consent to treat form for the named psychiatric service group dated 12/4/2024, signed by Resident #21's representative. Review of the Psychiatric Periodic Evaluation dated 12/4/2024, revealed, .social services request that I see as resident is having some increasing distressing delusions at times.She is having some paranoia that is worse at night. She is having these thoughts that people are coming into her room and chasing her around. Thinks people are out to get her or trying to harm her.We talked about Parkinson's disease and how there is a high percentage of patients who to develop psychosis secondary to it. We talked about the use of Seroquel.Resident does report feeling depressed. Reports that these feelings are overwhelming and upsetting to her.Recommend adding Seroquel 25mg [milligram] po [by mouth] q [every] hs [hour of sleep] for (continued on next page)

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 0644 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	psychotic disorder with delusions. Goal to increase over the next few visits until psychosis is improving. Review of the medical record revealed Resident #21 was newly diagnosed with Psychotic Disorders with Delusions on 1/02/2025, Anxiety Disorder on 2/12/2025, and Depression on 5/13/2025. The facility failed to update Resident #21's PASRR to reflect the new mental health diagnoses. Review of the quarterly MDS assessment dated [DATE], revealed Resident #21 scored a 13 on the BIMS assessment, which indicated she was cognitively intact. Resident #21's MDS revealed hallucinations and delusions during the assessment period. Resident #21's active diagnoses were Anxiety Disorder and Psychotic Disorder. Resident #21 received an antipsychotic and antidepressant during the last 7 days. Review of the Medication Administration Record (MAR) dated 2/2026, revealed Resident #21 received Prozac (medication used to treat Depression) 10 mg one time per day and Seroquel (medication used to treat psychiatric conditions) 100 mg at bedtime daily. Review of the Physician signed Medication Review Report dated 1/20/2026 -3/26/2026 revealed an order for Prozac 10 mg by mouth one time a day for Anxiety/Depression with an order date of 5/13/2025. Continued reviewed revealed an order for Quetiapine Fumarate (Seroquel) 100 mg by mouth at bedtime for Psychotic Disorder with delusions with an order date of 8/20/2025. During an interview on 2/19/2026 at 8:10 AM, Licensed Practical Nurse (LPN) A was asked when Psychiatric services started seeing Resident #21. LPN A stated, .her first visit was on 12/4/2024 and the consent was done on 12/4/2024. LPN A was asked when Resident #21 started taking Seroquel and Prozac. LPN A verified Seroquel was started on 12/4/2024 for psychotic disorder with delusions and Prozac started on 2/7/2025 for Depression. LPN A was asked if a new PASRR should be submitted with any new mental illness diagnoses or new orders for psychotropic medications. LPN A stated, .yes, it was my own ignorance for not auditing.all of them [referring to PASRR] since I just started doing this in August, 2025. During an interview on 2/19/2026 at 4:12 PM, the Director of Nursing (DON) was asked when a PASRR should be updated. The DON stated .when a resident has any changes related to psych medications or diagnosis.

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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 0684 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Provide appropriate treatment and care according to orders, resident?s preferences and goals. **NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** Based on policy review, medical record review, and interview, the facility failed to ensure staff were administering medications per Physician's Orders for 1 of 5 (Resident #5) sampled residents reviewed for unnecessary medications. The findings include: 1. Review of the facility policy titled, Administration of Drugs, dated 12/2008, revealed .give medications per physician's orders. 2. Review of the medical record revealed Resident #5 was admitted to the facility on [DATE], with diagnoses including Presence of Artificial Larynx, Hemiplegia (paralysis affecting one side of the body), Depression, Anxiety and Fractured Fibula. Review of the admission Minimum Data Set assessment dated [DATE], revealed Resident #5 scored a 14 on the Brief Interview for Mental Status (BIMS) assessment, which indicated he was cognitively intact. Review of the Physician's Order dated 12/30/2025, revealed .Nystatin [used to treat yeast infections] External Powder 100000 UNIT/GM [gram].Apply to perineal [area between the genitals and rectum] area topically [applied to skin] four times a day for yeast. Review of the Treatment Administration Record (TAR) dated 2/1/2026 - 2/28/2026, revealed Nystatin External Powder was not administered as ordered on the following dates: a. 2/2/2026 5:00 PM b. 2/7/2026 9:00 PM c. 2/9/2026 9:00 AM, 12:00 PM, 5:00 PM d. 2/10/2026 9:00 AM, 12:00 PM, 5:00 PM e. 2/13/2026 9:00 PM Review of the Physician's Order dated 12/31/2025, revealed .Aquaphor Adv [Advanced] Therapy Healing External Ointment 41% [percent] [used to treat dry skin].Apply to legs and feet topically every day shift for dry skin. Review of the TAR dated 2/1/2026 - 2/28/2026, revealed Aquaphor Adv Therapy Healing External Ointment was not administered as ordered on the following dates: a. 2/9/2026 9:00 AM b. 2/10/2026 9:00 AM Review of the Physician's Order dated 1/5/2026, revealed .Apply Skin Prep [protects the skin from irritation] to right heel every day shift. Review of the TAR dated 2/1/2026 - 2/28/2026, revealed Skin Prep was not administered as ordered on the following dates: a. 2/2/2026 9:00 AM b. 2/9/2026 9:00 AM c. 2/10/2026 9:00 AM Observation of wound care on 2/27/2026 at 2:20PM, revealed redness to the right heel. Review of the Physician's Orders dated 1/6/2026, revealed . Left Lateral (outside) Ankle: Apply Skin Prep @ [at] HS [bedtime] for prevention. Review of the TAR dated 2/1/2026 - 2/28/2026, revealed Skin Prep was not administered as ordered on the following dates: a. 2/7/2026 9:00 PM b. 2/13/2026 9:00 PM Review of the Physicians Orders dated 1/8/2026, revealed . Apply Moisture Barrier [protects the skin from excessive moisture] cream topically to Bilateral [both] Buttocks every day shift and night shift. Review of the TAR dated 2/1/2026 - 2/28/2026, revealed Moisture Barrier was not administered as ordered on the following dates: a. 2/7/2026 night shift b. 2/9/2026 day shift c. 2/10/2026 day shift d. 2/13/2026 night shift During an interview on 2/19/2026 at 1:23 PM, the Director of Nursing (DON) was asked whether staff should administer medications as ordered by the Physician. The DON stated, Yes.