STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	445377	A. Building B. Wing	03/18/2026

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Signature Healthcare of Erin	278 Rocky Hollow Road Erin, TN 37061

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 facility policy review, observation, and interview, the facility failed to ensure medications were properly stored when 3 of 7 (Reflections Hall Med Cart 1, Brandywood Hall Treatment Cart, and the Reflections Hall Treatment Cart) medication storage carts had expired and outdated medications. The findings include: Review of the facility's policy titled, Storage of Medication, dated 1/2025, revealed .Medications and biologicals are stored properly.to keep their integrity and to support safe, effective drug administration.Outdated.medications.are immediately removed from stock, disposed of according to procedures for medication disposal. During observation and interview on the Brandywood Hall Treatment Cart on 3/17/2026 at 8:50 AM, Licensed Practical Nurse (LPN) A confirmed the following medications were expired. a. 1 bottle of Resident #29's Ketoconazole (used to treat dry scalp) shampoo 2% (percent) expired on 2/2026. b. 1 bottle of Resident #94's Ketoconazole shampoo 2% expired on 2/2026. During observation and interview on the Reflections Hall Treatment Cart on 3/17/2026 at 8:40 AM, 1 bottle of Packing Strip (used for wound care) with an expiration date of 3/2025 was on the cart. LPN B was asked if the bottle of Packing Strip should have been discarded prior to the expiration date. LPN B stated Yes . During an observation and interview on the Reflections Hall Med Cart 1 on 3/17/2026 at 8:46 AM, 1 bottle of Fiber Laxative (used for constipation) with an expiration date of 2/2026 was on the cart. LPN C was asked if the bottle of Fiber Laxative should be discarded. LPN C stated, Yes. During an interview on 3/18/2026 at 7:47 AM, the Director of Nursing (DON) was asked when medications should be discarded on the med carts. The DON stated, When they are no longer needed. The DON was asked if the medications should be discarded by the expiration date. The DON stated, Yes. The DON was asked who is responsible for checking the medication and treatment carts for expired medications. The DON stated, The nurses and the admin [administrative] staff along the pharmacist that comes to the facility are responsible.

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

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	445377	A. Building B. Wing	03/18/2026

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Signature Healthcare of Erin	278 Rocky Hollow Road Erin, TN 37061

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 0880 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Provide and implement an infection prevention and control program. Based on policy review, observation, and interview, the facility failed to ensure food was distributed in a manner to prevent the spread of infection when 2 of 26 (Certified Nursing Assistant (CNA) E and the Housekeeping Director) staff members touched 3 of 17 (Resident #38, #41, and #93) residents' food with bare hands during dining room. The findings include: Review of the facility policy titled, INFECTION CONTROL OVERVIEW & POLICY, dated 9/5/2017, revealed .Implement hand hygiene (hand washing) practices consistent .to reduce the spread of infection and prevent cross-contamination .Properly .handle, process, and transport .food to minimize possible contamination .Routes of Disease Transmission .employees .can expose residents to diseases through .Improper hand hygiene .Improper food handling .Hand hygiene continues to be the primary means of preventing the transmission of infection .The following is a list of some situations that require hand hygiene .Before .handling food (hand washing with soap and water) . Observation during dining in the secured dining room on 3/15/2026 at 12:08 PM, revealed the Housekeeping Director removed Resident #93's sandwich and cookie from plastic bags with her bare hands and placed them on the resident's plate and failed to perform hand hygiene or use gloved hands when touching resident's food. Observation during dining in the secured dining room on 3/15/2026 at 12:23 PM, revealed CNA E assisted Resident #41 with a sandwich with bare hands. CNA E then scratched her head while assisting the resident to eat and failed to perform hand hygiene and/or failed to use gloved hands when touching resident's food. During an observation and interview, during dining in the secured dining room on 3/15/2026 at 12:39 PM, CNA E picked up Resident #38's sandwich with her bare hands and gave the sandwich to the resident. CNA E failed to perform hand hygiene or to use gloved hands when touching resident's food. CNA E was asked if she should touch the resident's food with her bare hands. CNA E stated, No. During an interview on 3/15/2026 at 4:20 PM, the Housekeeping Director was asked if she should touch resident's food with ungloved hands. The Housekeeping Director stated, Probably not. During an interview on 3/15/2026 at 4:31 PM, the Administrator was asked if staff should touch Residents food with bare hands. The Administrator stated, No.