

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  445381	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED  05/15/2024
NAME OF PROVIDER OR SUPPLIER  Ahc Union City		STREET ADDRESS, CITY, STATE, ZIP CODE  1630 E Reelfoot Ave Union City, TN 38261	

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 0657</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Develop the complete care plan within 7 days of the comprehensive assessment; and prepared, reviewed, and revised by a team of health professionals.</p> <p><b>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 48285</b></p> <p>Based on policy review, medical record review, observation and interview the facility failed to revise the comprehensive care plan for 2 of 18 sampled residents (Resident #21 and #51) to reflect the residents' status related to the use of oxygen and urinary tract infection.</p> <p>The findings include:</p> <p>1. Review of the facility's policy titled, Comprehensive Care plan, dated 10/24/2022, revealed .It is the policy of this facility to develop and implement a comprehensive person-centered care plan for each resident .that includes measurable objectives and time frames to meet the resident ' s medical .needs that are identified in the resident ' s comprehensive assessment .The comprehensive care plan shall describe, at a minimum, the following .any specialized services .The comprehensive care plan shall be reviewed and revised by the interdisciplinary team after each comprehensive and quarterly MDS (Minimum Data Set) assessment .</p> <p>2. Review of the medial record revealed Resident #21 was admitted to the facility on [DATE], and readmitted on [DATE], with diagnoses of Cardiorespiratory Conditions, Heart Failure, End Stage Renal Disease, and Respiratory Failure.</p> <p>Review of the quarterly Minimum Data Set (MDS) dated [DATE], revealed Resident #21 had a Brief Interview for Mental Status (BIMS) score of 15, which indicated intact cognition, shortness of breath or trouble breathing when lying flat, oxygen and a noninvasive ventilator.</p> <p>Review of the Care Plan dated 11/3/2023, and revised 3/1/2024, revealed there was no documentation Resident # 21 was using oxygen.</p> <p>Review of the Physician Order Sheet dated April 2024, signed on 4/23/2024, revealed .Oxygen .5 liters/minute by BNC [binasal cannula] while in bed and as needed .</p> <p>Observation in the resident's room on 5/13/2024 at 9:23 AM, revealed Resident #21 sitting up in a wheelchair with oxygen infusing through a binasal cannula.</p> <p>Observation on 5/15/2024 at 8:32 AM, revealed Resident #21 in bed with oxygen infusing through a binasal cannula.</p> <p>(continued on next page)</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 0657</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>During an interview on 5/15/2024 at 3:01 PM, the Director of Nursing (DON) was asked if oxygen should be on the care plan. The DON stated, .yes .</p> <p>3. Review of the medical record revealed Resident # 51 was admitted on [DATE] with diagnoses of Alzheimer's Disease, Hypertension, Hyperlipidemia, Vitamin D Deficiency, Gout and Dementia.</p> <p>Review of the care plan dated 11/20/2023 did not address Resident #51's history of or risk for Urinary Tract Infection.</p> <p>Review of the quarterly Minimum Data Set (MDS) dated [DATE], revealed a Brief Interview for Mental Status (BIMS) score of 1, indicating severely impaired cognition, and receives moderate assistance with toileting and personal hygiene.</p> <p>Review of the Treatment/Order Update/Change in Condition form dated 4/2/2024, revealed .nitrofurantoin [an antibiotic] .100 mg capsule: give 1 (one) tablet PO [by mouth.] BID [twice per day] x [for] 7 days for UTI.</p> <p>Review of the Medication Administration Record (MAR) dated April 2024 revealed Resident #51 received nitrofurantoin twice daily from 4/2/2024-4/8/2024.</p> <p>Review of the Treatment/Order Update/Change in Condition form dated 5/7/2024, revealed .Rocephin [an antibiotic] 1 gram .Intramuscular Every 1 Day for 3 Days .</p> <p>Review of the Treatment/Order Update/Change in Condition form dated 5/9/2024, revealed .Rocephin [an antibiotic] 1 gram .Intramuscular Every 1 Day for 3 Days .x 3 more doses for 5 total days .</p> <p>Review of the Treatment/Order Update/Change in Condition form dated 5/14/2024, revealed .Rocephin [an antibiotic] 1 gram .Intramuscular Every 1 Day for 3 Days .</p> <p>Review of the MAR dated May 2024, revealed .Rocephin 1 gram .for Three Days Starting 05/07/2024 . URINARY TRACT INFECTION .Rocephin 1 gram .for Three Days Starting 5/9/2024 .URINARY TRACT INFECTION .Rocephin 1 gram .for Three Days Starting 05/14/2024 .URINARY TRACT INFECTION .</p> <p>During an interview on 5/15/2024 at 3:35 PM, MDS Coordinator #1 was asked if Resident #51 was care planned for antibiotic use related to her recent Urinary Tract Infections and current use of antibiotics. MDS Coordinator #1 stated, .we would care plan her for risk for UTI. MDS Coordinator #1 confirmed Resident #51's care plan did not address the risk for Urinary Tract Infection.</p>		

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<p>F 0692</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Provide enough food/fluids to maintain a resident's health.</p> <p><b>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY**</b> 38909</p> <p>Based on policy review, medical record review, and interview, the facility failed to accurately assess the nutritional status and to follow the Registered Dietician's (RD) recommendations to provide nutritional interventions for 1 of 6 sampled residents (Resident #24) reviewed for nutrition.</p> <p>The findings include:</p> <p>Review of the facility's policy titled, .Dietary: Weight Monitoring, dated 11/09/2023, revealed .The facility shall utilize a systemic approach to optimize a resident's nutritional status .Identifying and assessing each resident's nutritional status and risk factors .Evaluating/analyzing the assessment information .Developing and consistently implementing pertinent approaches .Monitoring the effectiveness of interventions and revising them as necessary .The Registered Dietitian or Dietary Manager shall be consulted to assist with interventions .actions are recorded in the nutrition progress notes .Observations pertinent to the resident's weight status shall be recorded in the medical record as appropriate .The interdisciplinary plan of care shall communicate instructions to staff .</p> <p>Review of the medical record revealed Resident #24 was admitted to the facility on [DATE] with diagnoses of Heart Failure, Chronic Kidney Disease, Diabetes, Malignant Neoplasm of Bone and Kidney Disease.</p> <p>Review of Admission Minimum Data Set (MDS) assessment dated [DATE], revealed Resident #24's Brief Interview for Mental Status (BIMS) score of 13, which indicated intact cognition, and required extensive assistance from staff for all activities of daily living (ADL's). Resident #24 was not coded for weight loss during this review period.</p> <p>Review of the Care Plan dated 2/19/2024, revealed Resident #24 with weight loss .5% [percent] or more in last 30 days .3/11/2024 wt [weight] loss documentation .3/21/2024 [named resident] has a SWL [significant weight loss] in 30 days .</p> <p>Review of the Clinical Notes Report dated 2/29/2024, revealed .WT [weight]: 226# [pounds] 2/20/2024 .will recommend glucerna 1.58 oz [ounces] BID [twice daily] between meals for additional calories . Addendum Note on 3/4/2024 revealed, .Glucerna 1.5 unavailable at this time. May use Twocal [dietary supplement] .</p> <p>Review of Resident #24's Dietary Progress Notes dated 3/11/2024, revealed .WT: [weight] 186# [pounds] 3/8/[2024]. Monitored on weekly wts [weights] .Significant wt [weight] loss noted in one week .Will recommend to increase Twocal [dietary supplement] to 8 oz [ounce] TID [three times a day] .</p> <p>Review of Resident #24's Dietary Progress Notes dated 3/21/2024, revealed .WT [weight]: 190# [pounds] 3/21/2024. 15.93% [percent] SWL [significant weight loss] in 30 days .</p> <p>Review of MARCH 2024 MEDICATIONS, revealed .Twocal 0.08 gram-2 k[kilo]cal[calorie]/[per] ml [milliliter] oral liquid (8 oz [ounce] LIQUID(ML) Oral Two Times Daily starting 3/1/2024 .</p> <p>(continued on next page)</p>		

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<p>F 0692</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Review of Resident #16's medical record, dated 3/11/2024, revealed no documentation or physician order for Registered Dietician's (RD 's) recommendation for Twocal [dietary supplement] 8 ounces three times a day.</p> <p>During an interview on 5/15/2024 at 1:27 PM, the RD was asked did she make a recommendation for Resident #24 to increase Twocal (dietary supplement) to three times a day for weight loss. The RD stated, Yes I did and we missed doing that .he [Resident #24] has carcinoma of the bone and kidney, and has a poor appetite, but has since gained some weight back .</p> <p>During an interview on 5/15/2024 at 4:04 PM, the Director of Nursing (DON) was asked did the facility follow the RD recommendations for weight loss for [named resident #24]. The DON stated No. The DON was asked should the facility follow the RD recommendations for weight loss. The DON stated, Yes.</p>		

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<p>F 0761</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>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.</p> <p>48285</p> <p>Based on policy review, observation, and interview, the facility failed to ensure medications were labeled and stored appropriately for 2 of 6 medication storage areas (200 Hall Medication Cart and the East Nurses Station) when a schedule II-V medication was open, unlabeled, and not properly secured and when an unidentified, unsecured pill was observed lying on the floor reviewed.</p> <p>The findings include:</p> <p>1. Review of the facility's policy titled, Medication Administration, dated 8/4/2023, revealed .If medication is a controlled substance, record removal of medication and sign the Narcotic Control Record .Report and document any .refusals .Document med administrations immediately after each patient .Document refusals .</p> <p>Review of the facility's policy titled, Medication Administration: Medication, Controlled and Biological Storage, Night/Emergency Box and Backup Pharmacy, dated 9/5/2023, revealed .It is the policy of this facility to ensure all medications housed on our premises shall be stored in the pharmacy and/or medication rooms .All drugs and biologicals will be stored in locked compartments .Schedule II, III, IV, and V medications are stored under double lock and key .</p> <p>2. Observation of the 200 Hall Medication Cart on 5/14/2024 at 11:40 AM revealed an unlabeled medication in a cup in the top drawer of the medication cart.</p> <p>During an interview on 5/14/2024 at 11:41 AM, Licensed Practical Nurse (LPN) A confirmed the unlabeled medication in the cup was Hydrocodone (a narcotic used to relieve pain) she had pulled for administration to Resident #26.</p> <p>Review of the facility ' s Controlled Drug Receipt/ Record/ Disposition Form, dated 4/29/2024, revealed Resident #26 ' s Hydrocodone/Apap (Acetaminophen) 5/325mg (milligrams) showed there were 4 pills remaining.</p> <p>Observation of the 200 Hall Medication Cart on 5/14/2024 at 11:42 AM, revealed Resident #26 ' s Hydrocodone/Apap 5/325 mg pill count was 3.</p> <p>During an observation of 200 Hall Medication Cart on 5/14/2024 at 11:42 AM, revealed a white, oblong tablet in an unlabeled medication cup sitting in top drawer of medication cart.</p> <p>During an interview with the Director of Nursing (DON) on 5/14/2024 at 12:09 PM, The DON confirmed that the narcotic count and the narcotic medication card should match. The DON confirmed that controlled medications should be stored under a double lock.</p> <p>3. Random observation on 5/15/2024 at 12:51 PM, revealed a peach-colored pill lying on the floor, unsecured and unattended, near East Hall nurses ' station.</p> <p>(continued on next page)</p>		

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<p>F 0761</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>During an interview on 5/15/2024 at 3:02 PM, the DON confirmed that there should not be medication in the floor.</p>