STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	445381	A. Building B. Wing	08/21/2025

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Union City Health and Rehabilitation	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)
F 0880 Level of Harm - Immediate jeopardy to resident health or safety Residents Affected - Some	Provide and implement an infection prevention and control program. **NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** Based on Centers for Disease Control and Prevention (CDC) guidelines, facility policy review, Glucometer (a device used to check blood sugar levels with the use of a blood sample) User's Guide review, skills check off list review, medical record review, observation, and interview, the facility failed to ensure practices to prevent the potential spread of infection were maintained when a multi-use blood glucose meter was not cleaned and disinfected with an Environmental Protection Agency (EPA) approved disinfecting wipe to prevent the cross-contamination of bloodborne pathogens for 2 of 2 (Resident #6 and Resident #48) sampled residents reviewed for blood glucose monitoring. Licensed Practical Nurse (LPN) A failed to perform hand hygiene when donning and doffing gloves and failed to clean and disinfect the multi-use blood glucose meter before and after use on each resident in accordance with current infection control recommendations and facility policy. The facility's failure to ensure staff properly disinfected the blood glucose meter that was used for multiple residents, in accordance with recommendations and the facility's policy, placed the residents at risk for potential contamination with bloodborne pathogens and had the likelihood to cause serious injury, harm, impairment, and/or death, which resulted in Immediate Jeopardy. Immediate Jeopardy (IJ) (a situation in which the provider's noncompliance with one or more requirements of participation has caused, or is likely to cause, serious injury, harm, impairment, or death to a resident) was identified related to the facility's failure to appropriately clean and disinfect a multi-use blood glucose meter during medication administration for Resident #6 and #48.^^ The Administrator and Director of Nursing (DON) were informed of the Immediate Jeopardy on 8/19/2025 at 3:29 PM, in the Private Dining room.^ The facility was cited Immediate Jeopardy at F-880.^ The facility was cited at F-880 at a scope and severity of J. The Immediate Jeopardy for F-880 began on 8/19/2025 and continued through 8/20/2025. The Immediate Jeopardy was removed on 8/21/2025.^^ An acceptable Removal Plan, which removed the immediacy of the jeopardy, was received on 8/20/2025 at 7:18 PM, and was validated onsite by the surveyors on 8/21/2025 through review of in-services, audits, and staff interviews conducted on all shifts.^ The facility is required to submit a Plan of Correction.^ The findings include: 1. Review of the CDC Considerations for Blood Glucose Monitoring and Insulin Administration, dated 8/7/2024, revealed .Clean and disinfect blood glucose meters after every use, per the manufacturer's instructions .These recommendations apply in .Long-term care settings .Blood glucose meters can easily become contaminated during use. When used in healthcare or other group settings, germs and infections can spread if preventive measures are not in place .If healthcare providers use blood glucose testing or insulin administration devices on more than one patient, equipment and supplies may become contaminated. Unsafe practices during assisted monitoring of blood glucose and insulin administration contribute to the spread of hepatitis B virus [HBV-a serious liver infection most commonly spread by exposure to infected body fluids], hepatitis C virus [HCV-an infection caused by a virus that attacks the liver and is spread by contact with contaminated blood], HIV [Human Immunodeficiency Virus-an immune system disease that interferes with the body's ability to fight infection and disease], and other infections. Unsafe practices include .Using a blood glucose meter for more than one person without cleaning and disinfecting it in between uses .Failing to (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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F 0880 Level of Harm - Immediate jeopardy to resident health or safety Residents Affected - Some	change gloves and perform hand hygiene between fingerstick procedures . 2. Review of the facility's policy titled, Glucometer, Cleaning, and Decontamination of, dated 1/2025, revealed .It is the policy of this facility to follow recommendations from the CDC or manufacturer's guidelines.Verify glucometer is placed on a barrier prior to laying glucometer on the Medication cart and/or over bed table after each use. Then disinfect after each use the exterior surfaces following the manufacturer's directions or may use a cloth/wipe with either an EPA-registered detergent/germicide with a tuberculocidal or HBV/HIV label claim, or a dilute bleach solution. Review of the facility's policy titled, Hand Hygiene, dated 1/2025, revealed .It is the policy of this facility to provide the necessary supplies, education, and oversight to ensure healthcare workers perform hand hygiene based on acceptable standards.Hand hygiene is one of the most effective measures to prevent the spread of infection.All personnel shall follow the handwashing/hand hygiene procedure to help prevent the spread of infections to other. residents.Before and after direct contact with residents, Before preparing or handling medications.After removing gloves. Review of the facility's policy titled, Infection Prevention and Control Program, dated 1/2025, revealed .Decrease the risk of infection to residents.The facility personnel will.provide care in a way that minimizes the spread of infection. 3. Review of the (Named Glucometer) User's Guide dated 2016 (no month), revealed .Cleaning and Disinfecting.Please use a soft cotton to wipe the system.Glucose meters used in a clinical setting for testing multiple persons must be cleaned and disinfected between patients.Used gloves should be removed and hands washed before proceeding to the next patient.Do not use other cleaners or disinfectants. 4. Review of the medical record revealed Resident #48 was admitted to the facility on [DATE], with diagnoses including Type 2 Diabetes Mellitus and Malignant Neoplasm of Bladder. Review of the Care Plan dated 1/8/2025, revealed, .Has Diabetes Mellitus.Blood Sugar as ordered by doctor.Monitor/document/report to MD [Medical Doctor]. Review of the Physician Order dated 1/14/2025, revealed Humalog Insulin (medication used to treat diabetes) 100 Units/milliliter (ML) subcutaneously (under the skin) inject as per sliding scale before meals and at bedtime: For blood glucose 151-200 administer 3 Units. For blood glucose 201-250 administer 6 units. For blood glucose 251-300 administer 9 Units. For blood glucose 301-350 administer 12 units. For blood glucose 351-400 administer 15 units. For blood glucose less than 60 or greater than 400 notify MD. Review of the quarterly Minimum Data Set (MDS) assessment dated [DATE], revealed a Brief Interview for Mental Status score of 9, which indicated Resident #48 had moderate cognitive impairment. Active diagnoses included Type 2 Diabetes Mellitus. Review of the Physician's Order dated 8/18/2025, revealed Lantus (insulin used to treat diabetes) 100 units/ml. Inject 8 units subcutaneously in the morning. Review of the Medication Administration Record (MAR) dated 8/19/2025, revealed Resident #48 received insulin before meals. Documentation on Resident #48's MAR revealed blood glucose levels were checked at 7:30 AM and 11:30 AM on the day of the surveyor's onsite survey. Observation on Hall 100 on 8/19/2025 at 10:56 AM, revealed LPN A removed a glucometer from the medication cart, placed the glucometer on top of the medication cart without cleaning the glucometer or use of a barrier, gathered blood glucose monitoring supplies, donned gloves without performing hand hygiene, and entered Resident #48's room. LPN A placed the glucometer on the Resident's over bed table without a barrier, cleaned Resident #48's left hand first finger with an alcohol pad, obtained a blood specimen, doffed (removed) gloves without performing hand hygiene, picked up the glucometer up with a bare hand, and exited the room. LPN A placed the glucometer on top of the medication cart, then without cleaning the glucometer, placed it in the top drawer of the medication cart. 5. Review of the medical record revealed Resident #6 was admitted to the facility on [DATE], with diagnoses including Type 2 Diabetes Mellitus, Diabetic Neuropathy, and Chronic Viral Hepatitis C. Review of the Physician's Order dated 11/22/2024, revealed Aspart (Insulin used to treat diabetes) 100 Units/ML, inject subcutaneously per sliding scale before meals and at bedtime: For blood glucose 151-200 administer 3 units. For blood glucose 201-250 administer 6 units. For blood glucose 251-300 administer 9 units. For blood glucose 301-350 administer 12 units. For blood glucose 315-400 administer 15 units. For blood (continued on next page)

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F 0880 Level of Harm - Immediate jeopardy to resident health or safety Residents Affected - Some	glucose less than 70 or greater than 400 notify MD. Review of the quarterly MDS assessment dated [DATE], revealed a Brief Interview for Mental Status score of 15, which indicated Resident #6 was cognitively intact. Active diagnoses included Viral Hepatitis and Diabetes Mellitus. Review of the Physician's Order dated 8/11/2025, revealed Lantus (Insulin) 100 units/ml. Inject 15 units subcutaneously at bedtime. Review of the MAR dated 8/19/2025, revealed Resident #6 received insulin before meals. Documentation on Resident #6's MAR revealed blood glucose levels were checked at 7:15 AM and 11:30 AM on the day of the surveyor's onsite survey. Review of the Care Plan with a revised date of 8/20/2025, revealed .Has Diabetes Mellitus, risk for hyper [high blood glucose]/hypoglycemia [low blood glucose].Diabetes medication as ordered by doctor. Monitor/document for side effects and effectiveness.Fasting Serum Blood Sugar as ordered by doctor.Has a resident-assigned blood glucometer d/t [due to] communicable disease. Observation and interview on the Hall 100 on 8/19/2025 at 11:17 AM, revealed LPN A removed the same glucometer that was used to check Resident #48's blood glucose at 10:56 AM, from the top drawer, performed hand hygiene with (named) sanitizer, donned gloves, cleaned the glucometer with a 2 by (x) 2 alcohol prep pad, placed it on top of the medication cart without a barrier. LPN A gathered blood glucose monitoring supplies, entered Resident #6's room, placed a paper towel and supplies on the over bed table, cleaned the left hand first finger with a 2x2 alcohol prep pad, obtained a blood glucose specimen, exited the room, and returned to the medication cart . LPN A cleaned the glucometer with a 2x2 alcohol prep pad, doffed the gloves, performed hand hygiene, and placed the glucometer in the medication cart. LPN A confirmed she should perform hand hygiene before donning and after doffing gloves. LPN A was asked what the process was for cleaning the glucometer. LPN A stated, We clean them with alcohol pads. LPN A was asked does each resident have their own glucometer. LPN A stated, No ma'am, this is a facility used machine (used on multiple residents in the facility). LPN A confirmed that a barrier should be placed on the medication cart/table after glucometer is cleaned. During an interview on 8/19/2025 at 3:12 PM, the DON confirmed that the glucometer devices are facility used, except for the three residents that have a communicable disease (such as Hepatitis C). The DON stated she was unsure if staff was using individual glucometers for the residents with communicable diseases currently residing in the facility. The DON confirmed glucometers should be cleaned after each resident with an EPA approved disinfectant and the glucometer should be placed on a barrier after it is cleaned. The DON was asked why it was important to clean the glucometer with an EPA approved disinfectant. The DON stated, It follows policy and manufacturers instructions. The DON was asked what happens if a critical item such as a glucometer is not properly cleaned. The DON confirmed improper disinfection of glucometers could put residents at risk of contracting blood borne pathogens. During an interview on 8/21/2025 at 9:38 AM, the DON reviewed a skills check off list with her name written at the bottom indicating that she had checked off LPN A on all of the skills on 5/25/2025, including blood glucose monitoring. The DON confirmed LPN Awas hired on 5/24/2025 and trained for 4 days with different nurses who should have signed her off on her skills, but the DON did not observe her perform or check her off on blood glucose monitoring during that time. The DON stated, That is not my signature. During an interview on 8/21/2025 at 10:48 AM, the Administrator and DON confirmed the root cause of the Immediate Jeopardy was a knowledge deficit, that the facility had no documentation that LPN A had been checked off on blood glucose monitoring on hire and no audits were completed of LPN A performing blood glucose monitoring during the medication administration audits performed by the facility since 5/24/2025. The surveyors verified the Removal Plan on 8/21/2025 by review of facility documents, observations and interviews. (Named Facility) Date: 8/20/2025 F880 Removal Plan #2 1. Corrective Action accomplished for those residents found to be affected by the alleged deficient practice. Resident #48 A. Resident# 48 was admitted to the facility on [DATE] with diagnosis of diabetes, malignant neoplasm of bladder. B. 100 hall glucometer removed from use on the medication cart and replaced with new glucometer on 8/19/25 by the MDS Coordinator. C. MD notified of potential exposure with new orders received to obtain labs on 8/20/25. (continued on next page)

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F 0880 Level of Harm - Immediate jeopardy to resident health or safety Residents Affected - Some	D. Resident Representative notified on 8/20/25 of potential exposure with new orders received. E. Resident #48 Overbed table cleaned and disinfected by Clinical Supervisors (Director of Nursing, Assistant Director of Nursing, Staffing Coordinator, Risk Manager, Admissions Coordinator, and MDS Coordinators) on 8/19/25. F. 100 medication cart surface and glucometer storage drawer cleaned and disinfected by MDS Coordinators on 8/19/25. 2. Identify other residents who have the potential to be affected by the same deficient practice. A. All residents that reside on the 100 hall medication cart assignment that require blood glucose monitoring have the potential to be affected. B. New lab orders received from MD for residents that reside on the 100 hall medication cart assignment requiring blood glucose monitoring. Resident Representatives notified on 8/20/25 of potential exposure with new orders received. C. Residents with communicable disease assigned separate individual glucometer on 8/19/25 by the Director of Nursing. The assigned glucometers were labeled with the residents first initial and last name by the Administrator, ADON (Assistant Director of Nursing), and MDS Coordinator on 8/19/25 and 8/20/25. The individual glucose monitoring devices for residents with communicable disease will be stored in the resident room. 3. Measures/Systemic changes put in place to ensure the deficient practice does not reoccur. A. Medical Director was notified by phone on 8/19/25 by the Director of Nursing of F880 immediate jeopardy deficiency. AdHoc (as needed) QAPI (Quality Assurance and performance Improvement) Meeting to review and discuss F880 immediate jeopardy deficiency. Root Cause Analysis conducted with Knowledge Deficit identified as primary root cause. B. Inservice initiated with clinical supervisors to include Assistant Director of Nursing, Staffing Coordinator, MDS Coordinators, Admissions Coordinator and Risk Managers beginning on 8/19/25 and by the Director of Nursing and Clinical Resource, staff were educated on equipment cleaning of the glucometer devices to include cleaning and disinfecting before and after each residents use, dedicated glucometers for residents with communicable disease diagnosis and hand hygiene. Staff educated to clean with an EPA disinfectant for the wet time that is indicated by manufacturer guidelines that is effective against blood borne pathogens that meet OSHA's (Occupational Safety and Health Administration) standards. Licensed nurses educated on utilizing a barrier between the glucometer device and in contact with surface areas to prevent cross contamination and the prevention of the spread of blood borne pathogens. Competency Check with return demonstration completed by the Director of Nursing and Clinical Supervisors. C. Inservice initiated with all licensed nurses beginning on 8/19/25 to on duty nurses and off duty nurses shall be completed at the nurses next scheduled shift by the Director of Nursing and/or clinical supervisors, staff were educated on equipment cleaning of the glucometer devices to include cleaning and disinfecting before and after each residents use, dedicated glucometers for residents with communicable disease diagnosis and hand hygiene. Staff educated to clean with an EPA disinfectant for the wet time that is indicated by manufacturer guidelines that is effective against blood borne pathogens that meet OSHA's standards. Licensed nurses educated on utilizing a barrier between the glucometer device and in contact with surface areas to prevent cross contamination and the prevention of the spread of blood borne pathogens. Competency Check with return demonstration completed. Newly hired licensed nurses will be educated during orientation regarding equipment cleaning of the glucometer devices to include cleaning and disinfecting before and after each residents (resident's) use, dedicated glucometers for residents with communicable disease diagnosis, hand hygiene, cleaning with an EPA disinfectant for the wet time that is indicated by manufacturer guidelines that is effective against blood borne pathogens that meet OSHA's standards, utilizing a barrier between the glucometer device and in contact with surface areas to prevent cross contamination and the prevention of the spread of blood borne pathogens. Competency Check with return demonstration will be completed during orientation and training. D. DON and clinical supervisors initiated one on one licensed nurse observation of blood glucose checks including cleaning and disinfecting of glucometers on 8/19/25 at 5:30 pm and 8:00 pm. E. [Named] Glucometer Resource Binder placed at each nurses (nurses') station by the MDS Coordinators on 8/19/25. 4. Monitoring of corrective action to ensure the deficient practice will not (continued on next page)

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F 0880 Level of Harm - Immediate jeopardy to resident health or safety Residents Affected - Some	reoccur. A. The clinical supervisors or R.N. (Registered Nurse) on duty will complete observations initiated on 8/20/25 4 times a day for 7 days, 2 times a day times x 7 days, daily x 7 days, and 5 times a week x 1 week and weekly thereafter x 2 months to ensure that all staff remain in compliance with infection control procedure for glucometer cleaning and disinfecting of blood glucose monitoring devices. Observations conducted shall include weekdays, evenings, and weekends to encompass all blood glucose monitoring administration times. B. Findings of the audit will be reported to the Administrator and Director of Nursing for compliance review. C. Failure to adhere to facility policy will be considered a violation. Violations will result in disciplinary action in accordance with the facility progressive disciplinary policy. D. A report of findings and subsequent disciplinary action, if applicable, will be reported to the facility Quality Assurance Committee consisting of Director of Nursing, Medical Director, Administrator, Risk Management, Assistant Director of Nursing, MDS Coordinator, Social Services Director, Admissions Coordinator, Staffing Coordinator, Activities Director, Dietary Manager, Business Office Manager, Maintenance Director monthly x 3 months to review the need for continued intervention. 5. Measures/Systemic changes put in place to ensure the deficient practice does not reoccur. A. Medical Director was notified by phone on 8/19/25 by the Director of Nursing of F880 immediate jeopardy deficiency. AdHoc QAPI Meeting to review and discuss F880 immediate jeopardy deficiency. Root Cause Analysis conducted with Knowledge Deficit identified as primary root cause. B. Inservice initiated with clinical supervisors to include Assistant Director of Nursing, Staffing Coordinator, MDS Coordinators, Admissions Coordinator and Risk Managers beginning on 8/19/25 and by the Director of Nursing and Clinical Resource, staff were educated on equipment cleaning of the glucometer devices to include cleaning and disinfecting before and after each residents use, dedicated glucometers for residents with communicable disease diagnosis and hand hygiene. Staff educated to clean with an EPA disinfectant for the wet time that is indicated by manufacturer guidelines that is effective against blood borne pathogens that meet OSHA's standards. Licensed nurses educated on utilizing a barrier between the glucometer device and in contact with surface areas to prevent cross contamination and the prevention of the spread of bloodborne pathogens. Competency Check with return demonstration completed by the Director of Nursing and Clinical Supervisors. C. Inservice initiated with all licensed nurses beginning on 8/19/25 to on duty nurses and off duty nurses shall be completed at the nurses next scheduled shift by the Director of Nursing and/or clinical supervisors, staff were educated on equipment cleaning of the glucometer devices to include cleaning and disinfecting before and after each residents. Signed by (Named Executive Director)

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F 0689 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Ensure that a nursing home area is free from accident hazards and provides adequate supervision to prevent accidents. **NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** Based on the policy review, medical record review, observation, and interview, the facility failed to provide an environment free from accident hazards for 3 of 72 (Resident #42, #51 and #60) residents when razors and a bottle of rubbing alcohol were left unsecured and unattended in in Resident's rooms. There were 7 residents with wandering behaviors in the facility. The findings include: 1. Review of the facility policy titled .Personal Property, Resident's, dated 01/2025, revealed .Facility to provide space and safety for resident's personal property.The right to retain and use personal possessions.unless to do so would infringe upon the rights or health and safety of other residents. Review of the facility policy titled, Quality of Life, dated 8/2025, revealed .It is the policy of this facility to create a safe environment for the resident.Ensure all.chemicals.and any other hazardous material are kept locked/secured. 2. Review of the medical record revealed Resident #42 was admitted to the facility on [DATE], with diagnoses including Cognitive Communication Deficit and Dementia. Review of the quarterly Minimum Data Set (MDS) assessment dated [DATE], revealed a Brief Interview for Mental Status (BIMS) score of 9, which indicated Resident #42 had moderately impaired cognition. Observation in the Resident's room on 8/18/2025 at 10:11 AM and 4:05 PM, revealed one blue uncapped disposable razor on the back of the sink in Resident #42's bathroom unsecured and unattended. Observation in the resident's room on 8/18/2025 at 4:09 PM, revealed the Assistant Director of Nursing (ADON) confirmed Resident #42 had unsecured sharps in the bathroom and they should not be there. 3. Review of the medical record revealed Resident #60 was admitted to the facility on [DATE], with diagnoses including Chronic Obstructive Pulmonary Disease, Anxiety, and Depression. Review of the annual MDS dated [DATE], revealed a BIMS score of 12, which indicated Resident #60 had moderate cognitive impairment, without behaviors. Observation in the resident's room on 8/18/2025 at 10:24 AM and 5:30 PM, revealed three gray uncapped disposable razors inside of a gray basin, and three gray uncapped disposable razors on the back of the paper towel dispenser in Resident #60's bathroom, that were unsecured and unattended. During an interview and observation in the resident's room on 8/18/2025 at 5:35 PM, the Director of Nursing (DON) was shown the razors that were in the Resident #60's room and bathroom and confirmed Resident #60 should not have unsecured sharps in his room. During an interview on 8/20/2025 at 10:46 AM, Licensed Practical Nurse (LPN) CC confirmed that sharps should be disposed of in the sharps container and not left in the resident's room. 4. Review of the medical record revealed Resident #51 was admitted to the facility on [DATE] with diagnoses including Hypertension and Depression. Review of the quarterly MDS assessment dated [DATE], revealed a BIMS score of 13, which indicated that Resident #51 was cognitively intact. Observation in the resident's room on 8/18/2025 at 11:15 AM, revealed one 16 ounce (oz) bottle of green 70% [percent] Isopropyl Alcohol sitting on Resident #51 nightstand. Observation and interview with the Director of Nursing (DON) on 8/18/2025 at 11:26 AM, in the Resident #51's room, the DON was shown the bottle of 70 percent (%) Isopropyl Alcohol and confirmed that it should not be in the Resident's room and should be locked on the medication cart or in the medication storage room.

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F 0726 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Ensure that nurses and nurse aides have the appropriate competencies to care for every resident in a way that maximizes each resident's well being. Based on policy review, Licensed Practical Nurse (LPN) Job Description review, Medication Administration Observation review, observations and interviews, the facility failed to ensure all licensed nurses independently demonstrated competency while providing care and services for 1of 3 Nurses (Licensed Practical Nurse (LPN) A) observed, when 2 of 6 residents (Resident #48 and #6) observed for medication administration, and when 28 of 32 nurses (LPN A, LPN B, RN C, LPN D, RN E, RN F, LPN G, LPN H, RN I, LPN J, LPN K, LPN L, LPN M, LPN N, LPN O, RN P, LPN Q, LPN R, RN S, LPN T, LPN U, RN V, LPN W, LPN X, RN Y, LPN AA, RN BB, and the DON) reviewed did not have completed competency audits for medication pass. The findings include: 1.Review of the facility policy titled, Sufficient/Competent Staff, dated 10/2023, revealed .It is the policy of this facility to provide.nursing care in a manner and in an environment which promotes each resident's physical, mental, and psychosocial well- being.The facility will ensure that licensed nurses.have the competencies and skill sets necessary to care for resident's needs . Review of the facility policy titled, New Hire Orientation, dated 1/2025, revealed .It is the policy of the company to provide a general orientation program for all new employees.to orient new employees to the company's policies.and procedures.Each new employee will attend the general orientation as part of their first day of employment.All new employees will complete the appropriate new hire documents included in the company orientation packet.The Supervisor/Department Head or their designee will check off items on the checklist as they are completed.Department specific orientation will be completed following general orientation.The Executive Director is responsible for ensuring adherence to this policy. Review of the Licensed Vocational Nurse/Licensed Practical Nurse Job Description, dated 5/28/2025, revealed .The primary purpose of your job position is to provide primary care to specific residents.with an emphasis on assessment, illness prevention, and health care management.Implement and maintain established policies, procedures.and infection control.Supervises and assists in management of the infection control program.Administer services within the applicable scope of nursing practice.Prepare and administer medications as ordered by the physician.Must be knowledgeable of nursing and medical practices and procedures.This position consistently supports and promotes compliance.to applicable Federal, State, and local laws and regulations.and licensure requirements. Review of LPN A's New Hire and Annual Skills check list-Orientation Checklist -Licensed Nurse, dated 5/25/2025, revealed that all skills including Infection control and Medication Administration was dated 5/25/2025 and Initialed by Evaluator. This skill has been demonstrated to show competency. Signed by the Director of Nursing (DON) and dated 5/25/2025. Observation during Medication Administration on 8/19/2025 at 10:55 AM, revealed LPN A removed the glucometer from the medication cart, donned gloves without performing hand hygiene, entered Resident #48's room, performed an Accu-Chek, returned the glucometer to top of medication cart without a barrier, and did not clean the glucometer or perform hand hygiene. Observation during Medication Administration on 8/19/2025 at 11:17 AM, revealed LPN A cleaned the glucometer with an alcohol pad and placed it on top of the medication cart to dry without a barrier. LPN A entered Resident #6's room, performed an Accu-Chek, returned to the medication cart, cleaned the glucometer with an alcohol pad, and placed the glucometer inside the medication cart drawer. During an interview on 8/19/2025 at 11:19 AM, LPN A was asked if hand hygiene should be performed before donning gloves. LPN A stated, Yes. LPN A was asked what the facility policy for cleaning glucometers is. LPN A stated, You clean it with alcohol. LPN A confirmed that a barrier should be used once the glucometer is cleaned. During an interview on 8/21/2025 at 9:38 AM, the DON was asked if she checked LPN A's skills off on her orientation sheet. The DON stated, No ma'am. The DON confirmed that the signature of her name on LPN A's New Hire and Annual Skills checklist was not hers. The DON was asked who checked LPN A off on the skills. The DON stated, I can not verify that. During an (continued on next page)

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	445381	A. Building B. Wing	08/21/2025

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Union City Health and Rehabilitation	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)
F 0726 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	interview on 8/21/2024 at 11:24 AM, the DON confirmed that she didn't have any in-services or orientation skills check off for LPN A related to glucometer cleaning. Review of the facility document titled, Medication Administration Observation, for 2025, revealed 4 Nurses had completed a Medication Administration Observation audit. The facility was unable to provide a Medication Administration Observation Audit for the following nurses: a. LPN A b. LPN B c. RN C d. LPN D e. RN E f. RN F g. LPN G h. LPN H i. RN I j. LPN J k. LPN K l. LPN L m. LPN M n. LPN N o. LPN O p. RN P q. LPN Q r. LPN R s. RN S t. LPN T u. LPN U v. RN V w. LPN W x. LPN X y. RN Y z. LPN AA aa. RN BB bb. DON During an interview on 8/21/2025 at 10:48 AM, the DON was asked if having medication observation audits completed on four nurses were adequate for the total number of nurses employed. The DON stated, No.