STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	445390	A. Building B. Wing	04/09/2025

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Pickett Care and Rehabilitation Center	129 Hillcrest Drive Byrdstown, TN 38549

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 0641 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Ensure each resident receives an accurate assessment. **NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 50480 Based on Minimum Data Set (MDS) 3.0 Resident Assessment Instrument (RAI) Manual review, medical record review, and interviews the facility failed to ensure MDS assessments were accurately coded for 1 resident (Resident #37) of 16 residents reviewed for MDS assessments. The findings include: Review of the MDS 3.0 RAI Manual, revised 3/18/2025, revealed .SECTION I .The items in this section are intended to code diseases that have a direct relationship to the resident's current functional status, cognitive status, mood or behavior status, medical treatments, nursing monitoring, or risk of death. One of the important functions of the MDS assessment is to generate an updated, accurate picture of the resident's current health status .This section identifies active diseases and infections that drive the current plan of care . ACTIVE DIAGNOSES .Physician-documented diagnoses in the last 60 days that have a direct relationship to the resident's current functional status, cognitive status, mood or behavior, medical treatments, nursing monitoring .Nursing Monitoring includes clinical monitoring by a licensed nurse . Review of the medical record revealed Resident #37 was admitted to the facility on [DATE], with diagnoses including Type 2 Diabetes, Anxiety, Major Depressive Disorder, and Post-Traumatic Stress Disorder (PTSD). Review of a Pre-Admission Screening and Resident Review (PASRR) dated 12/14/2022, revealed Resident #37 had a Level 2 outcome related to a serious mental illness with diagnoses which included Post Traumatic Stress Disorder (PTSD), Anxiety, and Major Depressive Disorder. Further review of the PASRR Level 2 outcome revealed .The following specialized services should be provided to you .Someone with expertise in prescribing and monitoring psychiatric medications should continue to follow up with you to ensure your current medication regimen continues to be helpful .The following supports should be provided to you .You should be encouraged to engage .in various activities with others to improve social skills .You should be provided person-centered care to improve or maintain your functional ability so you can achieve your highest level of well-being possible .Staff should monitor your moods and behaviors closely and immediately report any changes to your care provider . Review of a physician's order dated 8/16/2024, revealed Resident #37 was being monitored by nurses for crying and social isolation. (continued on next page)

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE	TITLE	(X6) DATE

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F 0641 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Review of a physician's order dated 8/16/2024, revealed Resident #37 was being monitored by nurses for making false accusations. Review of a physician's order dated 8/16/2024, revealed Resident #37 was being monitored by nurses for obsessive thoughts. Review of a Physician's order dated 9/12/2024, revealed .diazepam .5mg .given for anxiety .1 tablet .[twice a day] .[as needed] . Continued review revealed the medication continued to be active for the diagnoses of Anxiety. Review of Psychiatric Nurse Practitioner note dated 1/8/2025, revealed Resident #37 refused medications for depression and had a past medical history of PTSD. Further review of the Nurse Practitioner note dated 1/8/2025, revealed the resident had an active diagnosis of Anxiety and Depression. Review of a quarterly Minimum Data Set (MDS) assessment dated [DATE], revealed the Resident #37 scored a 15 on the Brief Interview for Mental Status (BIMS) assessment which indicated the resident was cognitively intact. Further review of the quarterly MDS assessment revealed the resident did not have an active diagnoses of PTSD, Anxiety, or Depression documented. Review of the comprehensive care plan for Resident #37 revised 2/11/2025, revealed the residents' plan of care included goals and interventions for PTSD, Anxiety, and Depression. Further review of the comprehensive care plan revealed Resident #37 would give false information and tell stories that would later be deemed false with appropriate goals and interventions implemented. During an interview on 4/9/2025 at 2:44 PM, MDS Licensed Practical Nurse (LPN) E stated the diagnoses of Anxiety, and Depression would only be considered active if the resident received medications for the diagnoses. When asked if PTSD, Anxiety, and Depression would be considered an active diagnosis if the resident had a Level 2 PASRR and the facility was providing nonpharmacological interventions recommended in the PASRR for the treatment of those diagnoses, the MDS LPN stated No. During further interview the MDS LPN stated the diagnoses of PTSD, Anxiety, and Depression were in the residents medical record but were not active diagnoses. When asked if a significant change MDS or Significant Change PASRR should have been submitted related to multiple previous psychiatric diagnoses that were determined to be inactive by the facility, MDS LPN E stated No. MDS LPN E stated she did not not submit PASRRs to the state designated authority. During an interview on 4/9/2025 at 3:00 PM, the Clinical Reimbursement Specialist (CRS) stated the resident's diagnoses of PTSD, Anxiety, and Depression were not active diagnoses. The CRS further stated the nurses monitoring Resident #37 for behaviors (crying, social isolation, and making false stories) would not be considered monitoring for PTSD, Anxiety, or Depression.

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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** 43481 Based on facility policy review, medical record review, and interview, the facility failed to resubmit a Pre-Admission Screening and Resident Review (PASSR) timely after a new mental health diagnosis was added for 1 resident (Resident #5) of 7 residents reviewed for PASSR. The findings include: Review of the facility's policy titled, Pre-Admission Screening and Resident Review (PASSR), revised 9/15/2023, revealed .PASSR is a federal requirement to help ensure that individuals are not inappropriately placed in nursing homes for long term care. PASSR requires that 1) all applicants to a Medicaid-certified nursing facility be evaluated for serious mental illness (SMI) and/or intellectual disability; 2) be offered the most appropriate setting for their needs (in the community, a nursing facility, or acute care settings); and 3) receive the services they need in those settings .3. An individual is considered to have a serious mental illness if the individual meets the following requirements on diagnosis, level of impairment and duration of illness: Diagnosis. The individual has a major mental disorder diagnosable under the Diagnostic and Statistical Manual of Mental Disorders .A schizophrenic, mood, paranoid, panic or other severe anxiety disorder; somatoform disorder; personality disorder; other psychotic disorder; or another mental disorder that may lead to a chronic disability .Guidelines for Determining When A Significant Change Should Result in Referral for a PASSR Level II Evaluation: If a significant change in status assessment (SCSA) occurs for an individual known or suspected to have a mental illness, intellectual disability, or related condition .a referral to the State Mental Health or Intellectual Disability/Developmental Disabilities Administration authority for possible Level II PASSR evaluation must promptly occur as required .Referral should be made as soon as the criteria indicating such are evident-the facility should not wait until the SCSA is complete . Review of a PASARR Level 1 screen for Resident #5 dated 8/14/2023, revealed the resident had 2 mental health diagnoses which included Dementia and Depressive Disorder. Review of the medical record revealed Resident #5 was admitted to the facility on [DATE], with a mental health diagnosis of Depression. Continued review revealed Resident #5 had been diagnosed with Generalized Anxiety Disorder on 7/28/2023 and with Bipolar Disorder, current episode manic without psychotic features, on 9/14/2023. Review of a quarterly Minimum Data Set (MDS) assessment for Resident #5 dated 1/9/2025, revealed Resident #5 had active diagnoses which included Depression and Bipolar Disorder. Continued review revealed Resident #5 had received Antipsychotic and Antidepressant medications. Review of the Comprehensive Care Plan revised on 1/22/2025 revealed Resident #5 had been care planned for Depression, Bipolar Disorder, and Anxiety. Review of a Psychiatry Progress Note, dated 3/19/2025, revealed Resident #5 had been referred to psychiatric services due to diagnoses which included Bipolar Disorder with Depression. (continued on next page)

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F 0644 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Review of the medical record revealed a new PASARR for Resident #5 was not submitted after the new mental health diagnosis of Bipolar Disorder was added on 9/14/2023. During a record review and interview on 4/9/2025 at 2:48 PM, the Administrator stated it was his expectation that a new PASARR was to be completed after a new mental health diagnoses was added. The Administrator confirmed the facility failed to resubmit a new PASSR for Resident #5 to the state designated authority a new mental health diagnoses was added and identified by the facility.

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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. **NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 50480 Based on facility policy review, observations, and interviews the facility failed to label and store 1 prefilled insulin syringe on 1 medication cart of 2 medication carts observed for medication storage. The findings include: Review of the facility's policy titled, Medication Storage Storage of Medication, dated 1/2025, revealed . Insulin products should be stored in the refrigerator until opened .Note the date on the label for insulin vials and pens when first used .opened insulin pens should be stored at room temperature .Refer to specific product labeling for additional detail . Review of the medical record revealed Resident #37 was admitted to the facility on [DATE], with diagnoses including Type 2 Diabetes, Anxiety, Major Depressive Disorder, and Post-Traumatic Stress Disorder (PTSD). Review of a Physician's order dated 11/1/2024, revealed Resident #37 had a physician's order for a prefilled Semaglutide insulin pen to be administered once a week on Thursdays. Review of a quarterly Minimum Data Set (MDS) assessment dated [DATE], revealed the Resident #37 scored a 15 on the Brief Interview for Mental Status (BIMS) assessment which indicated the resident was cognitively intact. During an observation on 4/8/2025 at 8:10 AM, revealed a prefilled 3 milliliter (mL) Semaglutide insulin pen for Resident #37 stored on the Hope medication cart. Observation of the insulin pen revealed the packaging was opened, and the insulin pen was full indicating the pen had not been used. Further observation of the insulin pen packaging revealed .Boxed Warning .Refrigerate until opened .then store at room temperature . Date Opened . The insulin pen was not labeled with a date it was opened, indicating the pen should be stored in refrigeration. During an observation and interview on 4/8/2025 at 8:15 AM, Registered Nurse (RN) D observed the Semaglutide insulin pen and stated the insulin pen was full, unopened, and was not labeled with an open date or date the pen was removed from refrigeration. During further interview the RN stated she accepted the cart that morning and was unsure how long the insulin pen was on the cart and had been left out of refrigeration. The RN also stated the medication was available for resident use and confirmed the medication was not stored or labeled correctly. During an interview on 4/9/2025 at 2:07 PM, the Director of Nursing (DON) stated the Semaglutide insulin pen was stored on the medication cart and was available for resident use. During further interview the DON confirmed the Semaglutide pen was not labeled or stored correctly.

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F 0814 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Dispose of garbage and refuse properly. 40606 Based on facility policy review, observation, and interview, the facility failed to ensure garbage and refuse were properly contained in 1 of 2 dumpsters. The findings include: Review of the facility's undated policy titled, Dispose of Garbage and Refuse, revealed, .All garbage and refuse will be collected and disposed of in a safe and efficient manner .The Dining Services Director coordinates with the Director of Maintenance to ensure .the exterior dumpster area is maintained . During an observation of the outside dumpster area on 4/7/2025 at 11:20 AM, revealed the facility had 2 dumpsters. Continued observation revealed dumpster #2 did not have a dumpster plug in place and secured. During an interview on 4/7/2025 at 11:25 AM, the Dietary Manager (DM) confirmed the dumpster plug for dumpster #2 was missing, and a plug should be in place.

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F 0838 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Conduct and document a facility-wide assessment to determine what resources are necessary to care for residents competently during both day-to-day operations (including nights and weekends) and emergencies. **NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 50480 Based medical record review, facility assessment review, and interview the facility failed to ensure the facility assessment was accurate to include residents with a diagnosis of PTSD. The findings include: Review of the medical record revealed Resident #37 was admitted to the facility on [DATE], with diagnoses including Type 2 Diabetes, Anxiety, Major Depressive Disorder, and Post-Traumatic Stress Disorder (PTSD). Review of the Facility assessment dated 2025, revealed .Assessment Period January 1 through December 31, 2024 .determine what resources are necessary to care for the facility's residents competently during both day-to-day operations and emergencies .discuss and document any diagnoses or special condition likely to be cared for in the coming year, care and services provided to meet the identified needs of the residents . Resident Population .Category .Psychiatric/Mood Disorders .Common diagnoses .Impaired Cognition . Further review of the 2025 facility assessment revealed residents with PTSD was not included in the resident population. During an interview on 4/9/2025 at 2:53 PM, the Administrator stated at the time of the facility assessment period, the facility had a resident with PTSD who received facility services for PTSD. The Administrator confirmed the facility provided service to residents with the diagnosis of PTSD and confirmed the facility assessment did not include the resident population with diagnoses of PTSD.

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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** 50480 Based on facility policy review, medical record reviews, observations, and interviews, the facility failed to wear appropriate Personal Protective Equipment (PPE) when in the room for 3 residents (Resident #9, #2, and #57) of 16 residents reviewed for Infection Control. The findings include: Review of the facility's policy titled, Viral Respiratory Pathogens, dated 2/22/2025, revealed .guidelines are intended to ensure a comprehensive and effective response to respiratory illness outbreaks .PPE includes but is not limited to masks, gowns, gloves and eye protection .used as source control during outbreak situations .infection control policies and guidelines will be followed . Review of the medical record revealed Resident #9 was admitted to the facility on [DATE] with diagnoses including Chronic Obstructive Pulmonary Disease (COPD), Cognitive Impairment, Cough, Need for Assistance with Personal Care, and Muscle Weakness. Review of a quarterly Minimum Data Set (MDS) assessment dated [DATE], revealed Resident #9 scored a 15 on the Brief Interview for Mental Status (BIMS) assessment which indicated the resident was cognitively intact. Review of a Physician's order dated 4/2/2025, revealed Resident #9 was on isolation droplet precautions with a stop date of 4/12/2025. Review of a comprehensive care plan dated 4/3/2025, revealed Resident #9 had an active Coronavirus Disease 2019 (COVID-19) infection and the resident was on droplet isolation precautions with staff to wear PPE as indicated. During an observation and interview on 4/7/2025 at 1:00 PM, Certified Nursing Assistant (CNA) B was observed entering Resident #9's room wearing a gown, a mask, and gloves. Further observation revealed the CNA entered the room without eye protection. CNA B confirmed Resident #9 was on isolation for COVID-19 and did not wear eye protection. During an observation on 4/7/2025 at 3:00 PM, Resident #9 had a sign on the door which read .STOP . DROPLET PRECAUTIONS .EVERYONE MUST .Make sure their eyes, nose and mouth are fully covered before room entry . Further observation of the signage revealed people entering the room were to wear a face shield or safety glasses. During an observation and interview on 4/8/2025, CNA C was observed entering Resident #9's room wearing a gown, a mask, and gloves. Further observation revealed the CNA entered the room without eye protection. CNA C confirmed Resident #9 was on isolation for COVID-19 and did not wear eye protection. Review of the medical record revealed Resident #2 was admitted to the facility on [DATE] with readmission on 1/4/2022 with diagnoses including Rheumatoid Arthritis, Diabetes Mellitus, Alzheimer's Disease, Anxiety, and Dementia. (continued on next page)

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F 0880 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Review of a quarterly MDS assessment dated [DATE], revealed Resident #2 scored a 14 on the BIMS assessment which indicated the resident was cognitively intact. Review of the Comprehensive Care Plan dated 3/31/2025, revealed Resident #2 had been care planned for . Infection Control .Resident has an active infection: positive COVID-19 . Review of the Physician Order Report for Resident #2 dated 4/1/2025-4/30/2025, revealed orders .COVID-19 (+) Positive diagnosis monitoring symptom(s) .Isolation Droplet Precautions (COVID-19) . with a start date of 3/31/2025 and end date of 4/10/2025. Review of a Nurse Practitioner Progress note dated 4/2/2025, revealed Resident #2 was .seen today after testing positive for COVID-19 .She was started on [anti-viral medication] and placed in isolation . Review of a nursing progress note dated 4/7/2025 at 11:59 AM, revealed Resident #2 .Continues to be on isolation precaution's for Covid positive . Continued review of a nursing progress note dated 4/8/2025 at 10:21 AM, revealed Resident #2 .Continues to be on isolation precaution's for positive COVID . Review of the medical record revealed Resident #51 was admitted to the facility on [DATE], with diagnoses including Metabolic Encephalopathy, Diabetes Mellitus, Dementia, and Generalized Anxiety Disorder. Review of a quarterly MDS assessment dated [DATE], revealed Resident #51 scored a 4 on the BIMS assessment which indicated the resident had severe cognitive impairment. Review of the Comprehensive Care Plan dated 3/30/2025, revealed Resident #51 had been care planned for .Infection Control .Resident has an active infection: positive COVID-19 . Review of the Physician Order Report for Resident #51 dated 4/1/2025-4/30/2025, revealed orders . COVID-19 (+) Positive diagnosis monitoring symptom(s) .Isolation Droplet Precautions (COVID-19) . with a start date of 3/30/2025 and end date of 4/9/2025. Review of a nursing progress note dated 4/7/2025 at 7:30 AM, revealed Resident #51 .continues to be on contact/droplet precautions . Continued review of a nursing progress note dated 4/8/2025 at 10:22 AM, revealed Resident #51 .Continues to be on isolation precaution's from positive COVID . During an observation on 4/7/2025 at 12:42 PM, revealed isolation signage posted outside of Resident #2 and Resident #51's door which stated that a gown, gloves, mask, and eye protection must be worn by everyone when entering room. Continued observation revealed CNA A entered the room wearing only a gown, gloves, and mask. No eye protection was utilized. During an interview on 4/8/2025 at 3:30 PM, the Infection Preventionist stated if a resident was on droplet precautions or had COVID-19, the staff were expected to wear face shields or eye goggles with other PPE every time they entered the room. During further interview the Infection Preventionist confirmed the facility failed to follow infection control guidelines for Residents #9, #2, and #57.