STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	445393	A. Building B. Wing	09/17/2025

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Signature Healthcare of Monteagle Rehab & Wellness	26 Second Street Monteagle, TN 37356

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 0727 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Many	Have a registered nurse on duty 8 hours a day; and select a registered nurse to be the director of nurses on a full time basis. **NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** Based on review of the facility's assessment, facility's nursing staff schedules, daily nursing staff posting sheets, time clock punches, and interviews, the facility failed to provide the services of a Registered Nurse (RN) for the minimum requirement of 8 consecutive hours a day 7 days per week for 10 days from 4/1/2025 - 6/30/2025 and 13 days from 8/14/2025 - 9/17/2025 of 123 days reviewed. The findings include:Review of the Facility assessment dated [DATE]-[DATE], revealed .Staffing plan .Based on our resident population and their needs .we ensure we have sufficient staff .at any given time .Review of the facility's policy titled Scheduling and Staffing, last revised 1/31/2025, revealed .It is the policy of this organization to establish consistent work shift scheduling practices to allow for the appropriate staffing needs .appropriate staffing levels help achieve and maintain these goals .facilities will employ .those professionals necessary .facility will staff the building using the following considerations .Acuity .State and Federal regulations .Review of the facility's nursing staff schedule, facility's daily staffing posting sheets, and facility's time clock punches revealed no RN coverage on 4/5/2025, 4/6/2025, 4/19/2025, 4/20/2025, 5/3/2025, 5/4/2025, 5/17/2025, 5/18/2025, 6/14/2025, 6/15/2025, 8/14/2025, 8/22/2025, 8/23/2025, 8/24/2025, 8/27/2025, 8/28/2025, 9/5/2025, 9/6/2025, 9/7/2025, 9/10/2025, 9/11/2025, 9/15/2025, and 9/16/2025.During an interview on 9/17/2025 at 4:00 PM, the Administrator and the Director of Nursing confirmed the facility had not provided RN coverage 8 consecutive hours a day, 7 days per week for 23 of 123 days reviewed to provide care and services to the residents in the facility.

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
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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 0569 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Notify each resident of certain balances and convey resident funds upon discharge, eviction, or death. **NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** Based on facility policy review, medical record review, resident trust accounts review, and interview, the facility failed to notify the resident representatives when the amount in the residents' trust account exceeded the eligibility limit for 4 residents (Residents #28, #29, #214, and #43) of 46 residents reviewed for resident trust accounts. The findings include:Review of the facility's policy titled, Resident Trust Fund, last revised 3/26/2024, revealed .The resident and/or the resident's authorized legal representative must be notified when a resident's RTF [Resident Trust Fund] account is within $200.00 of exceeding the permitted limit .To satisfy this notice requirement, the Business Office Manager should print the $200 form Notice Letter from National Data Care, obtain the Administrator's signature on same, obtain the Resident's acknowledgement of receipt of such letter .and then place a copy of the letter in the facility's Financial Folder. If the resident is unable to sign the acknowledgment, the letter should be sent to the resident's authorized legal representative for completion .Review of the medical record revealed Resident #28 was admitted to the facility on [DATE] and readmitted on [DATE] with diagnoses including Dementia, Unspecified Psychosis, Down Syndrome, and Unspecified Intellectual Disabilities. Review of Resident #28's quarterly Resident Fund Statement for the period of 4/1/2025 - 6/30/2025, revealed a balance of $2,208.60. Review of the quarterly Minimum Data Set (MDS) assessment dated [DATE], revealed Resident #28 scored a 9 on the Brief Interview for Mental Status (BIMS) assessment which indicated the resident had moderate cognitive impairment. Review of Resident #28's current Resident Statement dated 9/16/2025, revealed a resident trust balance of $2,198.90. Review of the medical record revealed Resident #29 was admitted to the facility on [DATE] with diagnoses including Anxiety, Dementia, and Cognitive Communication Deficit.Review of Resident #29's quarterly Resident Fund Statement for the period of 4/1/2025 - 6/30/2025, revealed a balance of $2,673.38.Review of the quarterly MDS assessment dated [DATE], revealed Resident #29 scored a 00 on the BIMS assessment which indicated the resident had severe cognitive impairment. Review of Resident #29's current Resident Statement dated 9/16/2025, revealed a resident trust balance of $3,385.77. Review of the medical record revealed Resident #214 was admitted to the facility on [DATE] with diagnoses including Hemiplegia and Hemiparesis following Cerebral Infarction Affecting Right Dominant Side, Attention and Concentration Deficit, and Cognitive Communication Deficit. Review of Resident #214's quarterly Resident Fund Statement for the period of 4/1/2025 - 6/30/2025, revealed a balance of $6,009.31. Review of the annual MDS assessment dated [DATE], revealed Resident #214 scored a 3 on the BIMS assessment which indicated the resident had severe cognitive impairment. Review of Resident #214's current Resident Statement dated 9/16/2025, revealed a resident trust balance of $7,488.56. Review of the medical record revealed Resident #43 was admitted to the facility on [DATE] and readmitted on [DATE] with diagnoses including Dementia, Anxiety, and Bipolar Disorder. Review of Resident #43's quarterly Resident Fund Statement for the period of 4/1/2025 - 6/30/2025, revealed a balance of $4476.92.Review of the quarterly MDS assessment dated [DATE], revealed Resident #43 scored a 00 on the BIMS assessment which indicated the resident had severe cognitive impairment. Review of Resident #43's current Resident Statement dated 9/16/2025, revealed a resident trust balance of $5,033.54. During an interview on 9/16/2025 at 1:37 PM, the Business Office Manager (BOM) stated the Medicaid eligibility limit was $2,000. The Assistant Business Office Manager (ABOM) printed letters for residents that are within $200 of the Medicaid eligibility limit to notify them that they are within $200 of the limit and to contact the Social Worker in the next 7 days to discuss ways to spend down the balance. The ABOM delivered the letter directly to the resident if they have a BIMS score above 8 and if they don't have a resident representative. If the resident had a resident representative or a BIMS score below 8, the letter would be mailed to the resident representative. The BOM stated the $200 notification letters were not sent certified and was unaware of the process to (continued on next page)

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F 0569 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	ensure the resident representative received the letter. The BOM stated the letter asked the resident representative to sign the letter and return it to the facility as acknowledgment they received the letter. The BOM stated the facility rarely received letters back from the resident representatives signed. Social Services was responsible for assisting residents to spend down the amount to keep residents from losing Medicaid eligibility. It was the BOM's expectation that attempts to spend down resident trust balances over $2000 was to be done .as soon as possible .but I would hope within 30 days .that's what I try to do . The BOM stated letters were mailed to resident representatives for Residents #28, 29, 214, and 43 on 8/12/2025 to notify them the residents were within $200 of the Medicaid eligibility limit and .I haven't received any back . The BOM was unaware if any follow up had been done to ensure resident representatives were aware. The BOM presented letters that documented Residents #28, #29, #214, and #43 were .within $200 or exceeding what is allowable under Medical Assistance ., but no documentation was provided that the resident's representative had received the letter. Attempted telephone interview on 9/16/2025 at 2:14 PM, with Resident #43's resident representative. Attempted telephone interview on 9/16/2025 at 2:36 PM, with Resident #214's resident representative. Attempted telephone interview on 9/16/2025 at 2:42 PM, with Resident #29's resident representative. During a telephone interview on 9/16/2025 at 2:54 PM, Resident #28's resident representative stated the facility managed the resident's finances. Resident #28's resident representative stated someone at the facility had notified him .3 or 4 years ago . that she needed to spend down some money. Resident #28's representative stated he had not received any letters or correspondence from the facility related to Resident #28 being within $200 of the Medicaid eligibility limit since then. During an interview on 9/17/2025 at 7:52 AM, the Administrator stated residents were to receive monthly notification if they were within $200 of the Medicaid eligibility limit of $2000. The ABOM was responsible for delivering the $200 notification letter to the resident or mail it to the resident's representative. The $200 notification letter would be mailed to the resident representative for Residents #43, #214, #29, and #28. The Administrator stated the letters were not sent as certified mail and was unaware if there was a process to ensure the letter was received by the resident representative. The Administrator stated no residents had lost Medicaid eligibility due to being over the Medicaid eligibility limit. The Administrator stated it was his expectation that the BOM or designee followed up to ensure the $200 notification letters were received by resident representatives. During an interview on 9/17/2025 at 8:42 AM, the ABOM stated she was responsible for running a report that showed which residents were within $200 of the Medicaid eligibility limit. The ABOM delivered the $200 notification letter directly to the residents if they had a BIMS score of greater than 8 and mailed them to the residents' representatives if they had one. The ABOM stated she did not follow up to ensure the resident representatives had received the letter. The ABOM stated $200 notification letters were mailed to resident representatives for Residents #28, #29, 214, and 43 on 8/15/2025 and 9/17/2025.

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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 0584 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Honor the resident's right to a safe, clean, comfortable and homelike environment, including but not limited to receiving treatment and supports for daily living safely. **NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** Based on facility policy review, observation and interview, the facility failed to maintain a clean, comfortable, homelike environment for 4 residents (Resident #8, Resident #22, Resident #46, and Resident #69) of 68 residents observed. The findings include:Review of the facility's policy titled Home-Like Environment, revised 9/5/2025, revealed .The resident has a right to a safe, clean, comfortable and homelike environment .This includes .maintenance services necessary to maintain a sanitary, orderly and comfortable interior .Review of the medical record revealed Resident #8 was admitted to the facility on [DATE] with diagnoses including Schizophrenia, Dementia, and Convulsions.Review of an annual Minimum Data Set (MDS) assessment dated [DATE], revealed Resident #8 was unable to participate in the Brief Interview for Mental Status (BIMS), had short and long term memory impairments, and was severely impaired in cognitive skills for daily decision making.During an observation on 9/15/2025 at 9:40 AM and on 6/16/2025 at 10:49 AM, in Resident #8's room revealed that the footboard was facing the doorway and a portion of the footboard on the left side was broken and missing the laminate covering.Review of the medical record revealed Resident #22 was admitted to the facility on [DATE] with diagnoses including History of Stroke with Paralysis, Seizures, and Lung Disease. Review of a quarterly MDS assessment dated [DATE], revealed Resident #22 scored a 9 on the BIMS assessment which indicated the resident had moderate cognitive impairment.During an observation on 9/15/2025 at 9:40 AM and on 9/16/2025 at 10:00 AM, in Resident #22's room revealed multiple deep scratches exposing the sheetrock including a dime size hole that penetrated through the sheetrock behind the resident's bed. Review of the medical record revealed Resident #46 was admitted to the facility on [DATE] with diagnoses including History of Stroke with Paralysis, Unspecified Psychosis, and Difficulty Swallowing. Review of a quarterly MDS assessment dated [DATE], revealed Resident #46 scored a 4 on the BIMS assessment which indicated the resident had severe cognitive impairment.During an observation on 9/16/2025 at 1:10 PM, in Resident #46's room revealed multiple patched unpainted areas in the sheet rock on 2 of 4 walls, a brown cracked discolored area in the sheet rock to the right of the heat and air unit and a crack in the sheetrock above the baseboard where the sheetrock and baseboard meet as well as a dark brown substance with exposed sheetrock covering the crease on 2 of 4 walls to the left side of the heat and air unit. Review of the medical record revealed Resident #69 was admitted to the facility on [DATE] with diagnoses including Schizophrenia, Convulsions, and Dementia. Review of a quarterly MDS assessment dated [DATE], revealed Resident #69 was unable to participate in the Brief Interview for Mental Status (BIMS), had short and long term memory impairments, and was severely impaired in cognitive skills for daily decision making.During an observation on 9/15/2025 9:57 AM and 9/16/2025 at 4:00 PM, in Resident #69's room revealed the wall behind the residents bed had peeling paint with deep scrapes that exposed the drywall, an area to the left of the heat and air unit with a missing baseboard exposing the wall, as well as a large area on the ceiling above her bed with peeling ceiling paint exposing the sheet rock. During observations and interviews conducted on 9/17/2025 at 11:15 AM - 11:40 AM, the Administrator, Maintenance Director, and Regional Maintenance Director confirmed Resident #8's footboard was broken and missing the laminate covering, Resident #22's wall behind his bed had multiple deep scratches exposing the sheetrock including a dime sized hole that penetrated through the sheetrock, Resident #46's room had multiple patched unpainted areas in the sheet rock on 2 of 4 walls, a brown cracked discolored area in the sheet rock to the right of the heat and air unit that included a crack above the baseboard where the sheetrock and baseboard meet as well as a dark brown substance with exposed sheetrock on the wall covering the corner crease on 2 of 4 walls to the left of the heat and air unit, Resident #69 had multiple areas behind her bed with peeling paint and deep scrapes that exposed the drywall, an area to the left of the heat/air unit with a missing (continued on next page)

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	445393	A. Building B. Wing	09/17/2025

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F 0584 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	baseboard exposing the wall, as well as a large area on the ceiling above her bed with peeling ceiling paint exposing the sheet rock. The Administrator, Maintenance Director, and Regional Maintenance Director confirmed Resident #8, Resident #22, Resident #46 and Resident #69's rooms were not maintained in a clean, comfortable, homelike environment.

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	445393	A. Building B. Wing	09/17/2025

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F 0636 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Assess the resident completely in a timely manner when first admitted, and then periodically, at least every 12 months. **NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** Based on review of the Centers for Medicare and Medicaid (CMS) Resident Assessment Instrument (RAI) Version 3.0 Manual, medical record review, and interview, the facility failed to complete Minimum Data Set (MDS) assessments timely for 2 residents (Residents #79 and #7) of 4 residents reviewed for timely MDS assessment completion.The findings include:Review of the RAI Version 3.0 Manual dated 10/2024, Chapter 2: Assessments for the RAI revealed, .Discharge Assessment-return not anticipated .Must be completed when the resident is discharged .and .Must be completed within 14 days after the discharge date . Further review revealed, .The quarterly assessment .must be completed .no later than 14 days after the Assessment Reference Date (ARD) .Medical record review revealed Resident #7 was admitted to the facility on [DATE] with diagnoses including Dementia, Lung Disease, and Convulsions.Review of a quarterly MDS assessment for Resident #7 dated 7/21/2025, revealed the MDS completion date was 8/12/2025 (8 days late). Review of the medical record revealed Resident #79 was admitted to the facility on [DATE] with diagnoses including Schizophrenia, Bipolar Disorder, and Dementia. Further review revealed Resident #79 was discharged -return not anticipated on 10/11/2024.Review of a discharge MDS assessment-return not anticipated for Resident #79 dated 10/11/2024, revealed the MDS completion date was 11/1/2024 (7 days late).During an interview on 9/17/2025 at 8:15 AM, the Licensed Practical Nurse (LPN) MDS Coordinator confirmed the MDS assessments for Resident #79 and Resident #7 were completed late and should have been completed within 14 days.

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F 0640 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Encode each resident?s assessment data and transmit these data to the State within 7 days of assessment. **NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** Based on review of the Centers for Medicare and Medicaid (CMS) Resident Assessment Instrument (RAI) Version 3.0 Manual, medical record review, and interview, the facility failed to transmit a Minimum Data Set (MDS) assessment timely for 2 residents (Residents #8 and #74) of 4 residents reviewed for MDS assessments transmission.The findings include:Review of the RAI Version 3.0 Manual dated 10/2024, Chapter 2: Assessments for the RAI revealed, . The annual assessment .must be transmitted (submitted and accepted into iQIES [Internet Quality Improvement and Evaluation System] electronically no later than 14 calendar days after the care plan completion date . Further review revealed, .The quarterly assessment .must be transmitted electronically no later than 14 calendar days after the MDS completion date .Review of the medical record revealed Resident #8 was admitted to the facility on [DATE] with diagnoses including Schizophrenia, Dementia, and Convulsions.Review of an annual MDS assessment for Resident #8 dated 6/3/2025, revealed the care plan completion date was 6/17/2025. Further review revealed the MDS was transmitted on 7/16/2025 (15 days late).Review of the medical record revealed Resident #74 was admitted to the facility on [DATE] with diagnoses including Schizophrenia, Neuropathy, and Anxiety.Review of a quarterly MDS assessment for Resident #74 dated 7/1/2025, revealed the MDS completion date was 7/15/2025. Further review revealed the MDS was transmitted on 8/12/2025 (28 days late).During an interview on 9/17/2025 at 8:15 AM, the Licensed Practical Nurse (LPN) MDS Coordinator confirmed the MDS assessments for Resident #8 and Resident #74 were transmitted late and should have been transmitted within 14 days of completion.

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	445393	A. Building B. Wing	09/17/2025

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
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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 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** Based on facility policy review, Minimum Data Set (MDS) 3.0 Resident Assessment Instrument (RAI) Manual review, medical record review, and interview, the facility failed to ensure a MDS assessment was accurate for 1 resident (Resident #67) of 17 residents reviewed for MDS assessments. The findings include:Review of the facility's policy titled, Resident Assessment, revised 9/15/2023, revealed .RAI User Manual .will be utilized for all item coding on .MDS assessments .Assessment data .will .be collected .assessment tools including PASRR [Pre-admission Screening and Resident Review] Level II determination .Review of the MDS 3.0 RAI Manual Version 19.1, dated 10/2024, revealed .Health-related Quality of Life .residents covered by Level II PASRR .process may require certain care and services provided by the nursing home .Steps for Assessment .Code .yes .if PASRR Level II screening determined that the resident has a serious mental illness .Code .yes: if the resident .used tobacco in some form during the look-back period .Review of the medical record revealed Resident #67 was admitted to the facility on [DATE] with diagnoses including Hemiplegia and Hemiparesis, Convulsions, and Bipolar Disorder.Review of a PASRR dated 4/25/2025, revealed Resident #67 had a PASRR Level II Outcome related to a serious mental illness. Review of the facility's smoking assessment for Resident #67 dated 6/26/2025, .Does the resident Smoke .Yes .Type of Product .Cigarettes .Review of an admission MDS assessment dated [DATE], revealed Resident #67 scored a 14 on the Brief Interview for Mental Status (BIMS) assessment which indicated the resident was cognitively intact. Further review revealed the resident was not coded for a PASRR Level II Outcome or smoking. During a medical record review and interview on 9/17/2025 at 8:05 AM, the Licensed Practical Nurse (LPN) MDS Coordinator reviewed the admission MDS assessment dated [DATE] and the Level II PASRR dated 4/25/2025 for Resident #67. The LPN MDS Coordinator confirmed the admission MDS assessment for Resident #67 was inaccurate and did not reflect Resident #67's Level II PASRR status and tobacco use.During an interview on 9/17/2025 at 5:30 PM, the Director of Nursing (DON) confirmed the admission MDS assessment dated [DATE] for Resident #67 was inaccurate and did not reflect Resident #67's Level II PASRR status and tobacco use.

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F 0657 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Develop the complete care plan within 7 days of the comprehensive assessment; and prepared, reviewed, and revised by a team of health professionals. **NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** Based on facility policy review, medical record review, and interview, the facility failed to revise the comprehensive care plan for 2 resident (Residents #79 and #67) of 17 residents reviewed for care plans. The findings include: Review of the facility's policy titled, Comprehensive Care Plans, dated 2/9/2024, revealed .the facility will develop and implement a comprehensive person-centered care plan .revised as necessary with changes .will be person-centered for each resident . Review of the medical record revealed Resident #79 was admitted to the facility on [DATE] with diagnoses including Schizoaffective Disorder, Bipolar Disorder, and Dementia. Further review revealed Resident #79 was discharged to an apartment on 10/11/2024. Review of a facility email dated 7/25/2024 from the Social Worker to another healthcare entity revealed, .attached a referral .[Resident #79] does not meet criteria for living in a nursing home .looking for other arrangements . Review of a facility email dated 9/4/2024, from the facility's Social Worker to Resident #79's conservator revealed, .have been working on getting .[Resident #79] .into an apartment . Review of the current comprehensive care plan for Resident #79, dated 9/11/2024, revealed a discharge care plan .Resident, relative, or representative expresses wish to remain in the facility for long term care . There was no documentation the care plan had been revised for planning Resident #79's discharge from the facility. During an interview on 9/17/2025 at 9:30 AM, the facility's Social Worker confirmed Resident #79's initial plan was to remain in the facility long term. The facility had been looking for alternative placement for Resident #79 for a few months because the resident no longer met nursing home criteria. The Social Worker confirmed Resident #79's care plan had not been updated to reflect the plan to discharge. Review of the medical record revealed Resident #67 was admitted to the facility on [DATE] with diagnoses including Hemiplegia and Hemiparesis, Convulsions, and Bipolar Disorder. Review of a PASRR Level II Outcome (completed prior to admission) dated 4/25/2025, revealed Resident #67 had a PASRR Level II Outcome related to a serious mental illness. Review of an admission MDS assessment dated [DATE], revealed Resident #67 scored a 14 on the Brief Interview for Mental Status (BIMS) assessment which indicated the resident was cognitively intact. Review of a comprehensive care plan revised 9/9/2025, revealed Resident #67's PASRR Level II Outcome recommendations were not addressed on the care plan. During a record review and interview on 9/17/2025 at 8:05 AM, Licensed Practical Nurse (LPN) MDS coordinator reviewed the PASRR Level II outcome and the comprehensive care plan for Residents #67 (continued on next page)

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	445393	A. Building B. Wing	09/17/2025

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F 0657 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	and confirmed the comprehensive care plan was not revised to include PASRR Level II Outcome and specialized services provided by the facility. During an interview on 9/17/2025 at 5:30 PM, the Director of Nursing (DON) confirmed the facility failed to revise the comprehensive care plan for Resident #67 to include PASSR Level II Outcome and specialized services provided by the facility.

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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 0686 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Provide appropriate pressure ulcer care and prevent new ulcers from developing. **NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** Based on facility policy review, record review, and interview, the facility failed to ensure wound care treatments were administered per physician's orders for 1 resident (Resident #1) of 2 residents reviewed with wound care treatment ordered.Review of the facility policy titled, Physician Orders, dated 1/31/2025, revealed .It is the standard of this facility that physician orders are followed .Licensed Nurses are expected to follow physician's orders .Review of the medical record revealed Resident #1 was admitted to the facility on [DATE] with diagnoses including Diabetes and Pressure Ulcer of Sacral Region, Stage 4. Review of the comprehensive care plan for Resident #1 dated 6/17/2025, revealed .Has pressure ulcer to sacral area .Treatment per MD order .Review of a quarterly Minimum Data Set (MDS) assessment dated [DATE], revealed Resident #1 scored 9 on the Brief Interview for Mental Status (BIMS) which indicated the resident had moderate cognitive impairment. Further review revealed Resident #1 had a wound. Review of the Physician Order for Resident #1 revealed .Cleanse .sacrum with Dakins solution [antiseptic to cleanse and treat wounds], apply collagen [enzyme that repairs tissue] sheet/powder to wound bed, apply calcium alginate [moisture wicking agent], cover with border foam as needed .once a day and as needed .Review of the Treatment Administration Record (TAR) for Resident #1, dated 9/1/2025 through 9/16/2025, revealed no documentation of wound care completion for 9/15/2025.During an observation on 9/16/2025 at 9:33 AM in Residents #1's room, Resident #1 gave permission for surveyor to observe care being performed by CNA A. During the care being provided, a dressing, dated 9/14/2025, was observed on Resident #1's sacrum. Review of the Wound Management Detail Report for Resident #1's sacral wound revealed .Date: 6/3/2025 Length 7; Width 4; Depth 3.5 .Date: 9/3/2025 Length 3.5; Width 2.1; Depth 0.5 .During an interview on 9/16/2025 at 3:40 PM, the LPN Wound Care Nurse stated Resident #1 had a wound on his coccyx and had a physician's order to change daily and as needed. The LPN Wound Care Nurse stated she did not change Resident #1's dressing on 9/15/2025. During an interview on 9/17/2025 at 9:25 AM, the Wound Care Nurse Practitioner (NP) stated the wound was in the healing stage, full to moderate thickness with good blood flow. NP stated she was happy with the wound compared to prior observations. The NP stated wound measurements were length 2.7, width 1.6 and depth 0.6. NP further stated the resident received no harm from missing 1 wound care order. NP stated it was her expectations that staff follow physician's orders.

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	445393	A. Building B. Wing	09/17/2025

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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. Based on facility policy review, observation, and interview, the facility failed to ensure garbage and refuse were properly contained in 1 of 4 dumpsters (dumpsters #1) and the outside dumpster area was not maintained in a sanitary condition.The findings include:Review of the facility's policy titled, Environment, dated 9/2017, revealed .All trash will be contained in covered, leak-proof containers .All trash will be properly disposed of in external receptacles (dumpsters) and the surrounding area will be free of debris .During an observation of the outside dumpster area and interview on 9/15/2025 at 9:45 AM, with the Certified Dietary Manager (CDM), revealed 4 dumpsters present for waste disposal. Further observation revealed dumpster #1 was covered with a black plastic lid with clear plastic bags hanging over 2 of the 4 sides of the dumpster. Continued observation of the dumpster area revealed several pairs of clear disposable gloves, broken egg shells, an empty potato chip bag, an empty plastic clear bottle, an empty plastic container with blue lid and an empty plastic container used to store eggs on the ground. The CDM confirmed dumpster #1's contents were not properly contained, and the dumpster area was not maintained in a sanitary condition.

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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** Based on facility policy review, medical record review, observation, and interview, the facility staff failed to perform appropriate hand hygiene when serving residents' meal trays for 4 residents (Residents #67, #23, #68, and #32) on 1 of 4 units observed for meal tray distribution, and failed to ensure appropriate Personal Protective Equipment (PPE) was donned for 1 resident (Resident #38) of 3 residents observed for Enhanced Barrier Precautions (EBP), and failed to ensure appropriate PPE was donned for 1 resident (Resident #1) of 1 resident observed for Transmission Based Precautions (TBP). The findings include: Review of the facility's policy titled, Hand Hygiene, revised 6/27/2025, revealed To minimize the transmission of infectious agents and reduce the risk of healthcare-associated infections (HAIs) in residents . Review of the facility's policy titled, Enhanced Barrier Precautions, last revised 3/25/2024, revealed ' .If a resident is placed on EBP [Enhanced Barrier Precautions], appropriate signage is placed at the room entrance so that personnel and visitors are aware of the need for and the type of precautions .The signage informs the staff of instructions for use of PPE, [Personal Protective Equipment] and/or instructions to see a nurse before entering the room .EBP are indicated for residents who have chronic wounds and or indwelling medical devices regardless of MDRO [Multidrug-Resistant Organisms] . Review of the facility's policy titled, Transmission Based Precautions, dated 1/31/2025, Revealed .Transmission -Based Precautions are initiated when a resident develops signs and symptoms of a transmissible infection or has a laboratory confirmed infections; and is at risk of transmitting the infection to other residents .When Transmission Based Precautions are implemented, the Infection Preventionist .clearly identifies the type of precautions, the anticipated duration, and the personal protective equipment (PPE) that must be used. The signage informs the staff of the type of CDC precautions, instructions for use of PPE, and or instructions to see a nurse before entering the room .Ensure that protective equipment (gloves, gowns, mask, ect.) is maintained outside the resident's room so that anyone entering the room can apply the appropriate equipment . Review of the medical record revealed Resident #67 was admitted to the facility on [DATE] with diagnoses including Hemiplegia, Muscle Weakness, and Bipolar Disorder. Review of an admission Minimum Data Set (MDS) assessment dated [DATE], revealed Resident #67 scored a 14 on the Brief Interview for Mental Status (BIMS) assessment which indicated the resident was cognitively intact. Further record review revealed Resident #67 required set up/clean up assistance with eating and partial/moderate assistance with personal hygiene. Review of the comprehensive care plan for Resident #67 revised 8/4/2025, revealed .ADL [Activities of Daily Living] Self Care Deficit related to Impaired Physical Functioning.provide the amount of assistance needed for completion of ADL care . During an observation on 9/15/2025 at 12:36 PM, Licensed Practical Nurse (LPN) B delivered the lunch meal tray to Resident #67. LPN B set up the tray for Resident #67 and failed to offer hand hygiene to the resident. (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 the medical record revealed Resident #23 was admitted to the facility on [DATE] with diagnoses including Type 2 Diabetes, Alzheimer's Disease, and Hypertension. Review of the comprehensive care plan for Resident #23 dated 9/5/2024, revealed .ADL .Self Care Performance Deficit r/t [related to] limited mobility, Alzheimer's . Review of a quarterly MDS assessment dated [DATE], revealed Resident #23 scored a 10 on the BIMS assessment which indicated the resident had moderate cognitive impairment. Resident #23 was independent for eating and required substantial/maximal assistance for personal hygiene. During an observation on 9/15/2025 at 12:37 PM, LPN B delivered the lunch meal tray to Resident #23. LPN B set up the tray for Resident #23 and failed to offer the resident hand hygiene. Review of the medical record revealed Resident #68 was admitted to the facility on [DATE] with diagnoses including Vascular Dementia, Need for Assistance with Personal Care, and Muscle Weakness. Review of the quarterly MDS assessment dated [DATE], revealed Resident #68 scored a 10 on the BIMS assessment which indicated the resident had moderate cognitive impairment. Resident #68 was independent for eating and personal hygiene. Review of the comprehensive care plan for Resident #68, revised 8/25/2025, revealed .ADL Self Care Performance Deficit r/t Dementia .assist as needed with meal tray set up . During an observation on 9/15/2025 at 12:38 PM, LPN B delivered the lunch meal tray to Resident #68. LPN B set up the tray for Resident #68 and failed to offer hand hygiene. Review of the medical record revealed Resident #32 was admitted to the facility on [DATE] with diagnoses including Wedge Compression Fracture, Alzheimer's, and Hypertension. Review of an admission MDS assessment dated [DATE], revealed Resident #32 scored a 2 on the BIMS assessment which indicated the resident had severe cognitive impairment. Further review revealed Resident #32 required supervision assistance with eating and partial/moderate assistance with personal hygiene. Review of the comprehensive care plan for Resident #32 revised 9/11/2025, revealed .ADL Self Care Performance Deficit r/t weakness and cognitive impairment . During an observation on 9/15/2025 at 12:40 PM, LPN B delivered the lunch meal tray to Resident #32. LPN B set up tray for Resident #32 and failed to offer hand hygiene for the resident. During an interview on 9/15/2025 at 12:42 PM, LPN B confirmed she had not offered hand hygiene while passing the lunch trays to Residents #67, #23, #68, and #32. During an interview on 9/17/2025 at 12:56 PM, the Infection Preventionist confirmed hand hygiene was to be offered to residents prior to meals. Review of the medical record revealed Resident #38 was admitted to facility on 11/18/2024 and readmitted on [DATE] with diagnoses including Adult Failure to Thrive, Cognitive Communication (continued on next page)

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F 0880 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Deficit, Cerebral Infarction with Weakness, and Anxiety. Review of Resident #38's quarterly MDS assessment dated [DATE], revealed the resident scored a 13 on the BIMS assessment which indicated the resident was cognitively intact. Resident #38 had no urinary appliances and was occasionally incontinent of urine and frequently incontinent of bowel. Resident #38 was dependent on staff for toileting hygiene and required partial/moderate assistance for personal hygiene. Review of a physician's order for Resident #38 dated 9/11/2025, revealed .Foley Catheter size 16 Fr [French] 10 cc [milliliters] balloon to straight drainage .Dx: [diagnosis] Neurogenic bladder .Privacy bag at all times . Review of a physician's order for Resident #38 dated 9/15/2025, revealed .Enhanced barrier precaution . Review of Resident #38's comprehensive care plan dated 9/15/2025, revealed .Resident requires Enhanced Barrier Precautions .foley catheter . During an observation on 9/15/2025 at 10:29 AM, in Resident #38's room, the resident was seated in a wheelchair. The resident had a foley catheter in a dignity bag with clear yellow urine. There was no EBP signage posted in or outside Resident #38's room. During an observation on 9/15/2025 at 12:39 PM, Resident #38 was seated in a wheelchair eating lunch. The resident had a foley catheter. There was no EBP signage posted in or outside Resident #38's room. During an observation on 9/15/2025 at 2:52 PM, Resident #38 was seated in a wheelchair in his room watching TV. Resident #38 had a foley catheter. There was no EBP signage posted in or outside Resident #38's room. During an observation on 9/16/2025 at 8:28 AM, Resident #38 was seated in a wheelchair in his room watching TV. Resident #38 had a foley catheter in a dignity bag with clear yellow urine. There was no EBP signage posted in or outside Resident #38's room. During an observation on 9/16/2025 at 10:55 AM, in the [NAME] Spa shower room, with Certified Nursing Assistant (CNA) A, Resident #38 was seated in a shower chair. CNA A asked Resident #38 if this surveyor could observe catheter care and Resident #38 consented to allow this surveyor to observe catheter care. CNA A stated she had just completed Resident #38's shower. CNA A provided catheter care to Resident #38 and wore only gloves during catheter care. CNA A did not wear a gown during catheter care. During an observation on 9/16/2025 at 1:16 PM, Resident #38 resident was seated in a wheelchair in his room eating lunch. Resident #38 had a catheter in a dignity bag. There was no EBP signage posted in or outside Resident #38's room. During an interview on 9/16/2025 at 3:36 PM, CNA A stated staff were made aware of resident's that required EBP and TBP by signage posted on the resident's door. The signage indicated what PPE was required for resident care and when to wear it. CNA A confirmed Resident #38 had a urinary catheter and the CNA had not worn a gown for Resident #38's shower or catheter care on 9/16/2025. CNA A stated she did not know at the time this surveyor observed catheter care that Resident #38 was to be in enhanced barrier precautions and required a gown and gloves for bathing and catheter care. During an interview on 9/17/2025 at 11:43 AM, the Infection Preventionist (IP) stated staff were made aware of residents that required EBP and TBP by signage on the door and PPE was to be available in the bin outside the room. The IP confirmed Resident #38 had a catheter and required gown and gloves for catheter care and bathing. The IP confirmed signage to notify staff that Resident #38 was on EBP (continued on next page)

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F 0880 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	and required a gown and gloves for direct care was not placed outside the resident's room until the afternoon of 9/16/2025. Review of the medical record review revealed Resident #1 was admitted to the facility on [DATE] with diagnoses including Diabetes, Methicillin Resistant Staphylococcus Aureus Infection. Review of the comprehensive care plan for Resident #1 dated 6/17/2025, revealed .had an active infection .Personal Protective Equipment as indicated . Review of a quarterly MDS assessment dated [DATE], revealed Resident #1 scored 9 on the BIMS assessment which indicated the resident had moderate cognitive impairment. Further review revealed Resident #1 had a wound. During an observation on 9/15/2025 at 3:00 PM, revealed Resident #1 had contact isolation sign on the door and PPE outside door. During an observation on 9/16/2025 at 9:43 AM, in Residents #1's room revealed, CNA C entered Resident's #1's room without wearing personal protective gown or gloves. Review of the Physician's order for Resident #1 dated 9/16/2025, revealed .Bactrim DS 800-160 mg 2 tablets twice a day for wound infection .contact precautions every shift . During an interview on 9/16/2025 at 3:50 PM, outside Resident #1's room, CNA C confirmed she entered Resident #1's room without wearing personal protective equipment and the signage posted on Resident #1's door stated that gown and gloves were to be worn prior to entering the resident room. During an interview on 9/17/2025 at 11:49 AM, The Infection Preventionist (IP) stated staff were to wear personal protective equipment including gown and gloves prior to entering a resident's room on contact isolation. The Infection Preventionist confirmed the facility failed to ensure contact precautions were followed when CNA C failed to wear a personal protective gown and gloves when entering the resident room.