

Department of Health & Human Services
Centers for Medicare & Medicaid Services

Printed: 03/27/2025
Form Approved OMB
No. 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 445413	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 01/24/2025
NAME OF PROVIDER OR SUPPLIER Laurelwood Healthcare Center		STREET ADDRESS, CITY, STATE, ZIP CODE 200 Birch St Jackson, TN 38301	
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 0578 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Honor the resident's right to request, refuse, and/or discontinue treatment, to participate in or refuse to participate in experimental research, and to formulate an advance directive. **NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 47835 Based on policy review, record review, and interview the facility failed to provide information to the residents regarding their right to refuse medical or surgical treatment or to formulate an advance directive for 6 of 24 (Resident #34, #40, #41, #42, #47 and #49) residents reviewed for Advance Directives. The findings include: 1. Review of the facility's undated policy titled, Resident Rights, revealed The facility will inform the resident both orally and in writing .the resident understands .The right to request, refuse, and/or discontinue treatment .and to formulate an advance directive . 2. Review of the medical record revealed Resident #34 was admitted to the facility on [DATE], with diagnoses including Hemiplegia, Epilepsy, and Anxiety. Review of the quarterly Minimum Data Set (MDS) assessment dated [DATE], revealed Resident #34 was rarely/never understood and cognitive skills for daily decision making were moderately impaired. Review of the facility document Advanced Directive Acknowledgement, dated 3/30/2023, revealed the document was not filled out completely. 3. Review of the medical record revealed Resident #40 was admitted to the facility on [DATE], with diagnoses including Hemiplegia, Parkinson's Disease, Paranoid Schizophrenia, and Depression. Review of the quarterly MDS assessment dated [DATE], revealed a BIMS score of 12 which indicated Resident #40 was moderately cognitively impaired. Review of the facility document Advanced Directive Acknowledgement, dated 9/22/2023, revealed the document was not filled out completely. 4. Review of the medical record revealed Resident #41 was admitted to the facility on [DATE], with diagnoses including Anxiety, Depression, and Brief Psychotic Disorder. Review of the quarterly MDS assessment dated [DATE], revealed a BIMS score of 10 which indicated Resident #41 was moderately cognitively impaired. (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 0578 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Review of facility document, Advance Directive Acknowledgement, dated 7/7/2023 revealed the document was not filled out completely. 5. Review of medical record revealed Resident #42 was admitted on [DATE], with diagnoses including Bipolar, Anxiety, and Idiopathic Progressive Neuropathy. Review of the quarterly MDS assessment dated [DATE], revealed a BIMS score of 15, which indicated Resident #42 was cognitively intact. Review of facility document, Advance Directive Acknowledgement, dated 5/11/2023, revealed the document was not filled out completely. 6. Review of the medical record revealed Resident #47 was admitted to the facility on [DATE], with diagnoses including Cerebral Palsy, Adult Failure to Thrive, Anxiety, and Seizures. Review of the quarterly MDS dated [DATE], revealed Resident #47's cognitive skills for decision making were severely impaired. Review of facility document, Advance Directive Acknowledgement, dated 5/20/2024, revealed the document was not filled out completely. 7. Review of the medical record revealed Resident #49 was admitted to the facility on [DATE], with diagnoses including Cerebral Infarction, Dementia, Chronic Liver Failure, and Schizophrenia. Review of the quarterly MDS dated [DATE], revealed a BIMS score of 13, which indicated Resident #49 was cognitively intact. Review of facility document, Advance Directive Acknowledgement, dated 2/26/2024 revealed the document was not filled out completely. 8. During an interview on 1/22/2025 at 10:58 AM, the Administrator and Regional Director of Clinical Services confirmed the Advance Directive should be filled out completely to show education was provided to the Resident or Responsible Party (RP). 48285 49311		

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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** 50408 Based on policy review, medical record review, and interview, it was determined the facility failed to have physician orders and failed to provide pressure ulcer/injury treatments for 1 of 4 (Resident #258) sampled residents reviewed for pressure ulcer/injuries. The findings include: 1. Review of the facility's undated policy titled, Pressure Injury Prevention and Management, .This facility is committed to the prevention of avoidable pressure ulcers .and to provide treatment and services to heal the pressure ulcer/injury .and the development of additional pressure ulcers/injuries .Licensed nurses will conduct a full body skin assessment on all residents upon admission/readmission .Findings will be documented in the medical record .the attending physician will be notified of .the presence of a new pressure ulcer upon identification . 2. Review of the medical record review revealed Resident #258 was readmitted to the facility on [DATE], with diagnoses including Chronic Obstructive Pulmonary Disease, Absence of Left Leg Above the Knee, Absence of Right Toes, Gastrostomy, Alzheimer's Disease, and Peripheral Vascular Disease. Review of the care plan dated 1/13/2025, revealed Resident #258 returned from the hospital to the facility with a left Leg above the knee amputation and a right toe amputation. Review of a Progress Note dated 1/13/2025, revealed The writer conducted skin check on resident on 01/14/2025 .Resident has above the knee amputation on left leg. Right second toe amputation .resident has right gluteal wound [wound] 3.5 [centimeters] x [by] 7.0 x 0.5. Coccyx wound 1.0 x 1.5 x 0.3 . Review of the Physician's Order dated 1/17/2025, revealed, Clean pressure wound to superior sacrum with wound cleanser and pat dry . Review of a Physician's Order dated 1/17/2025, revealed Clean pressure wound to inferior sacrum with wound cleanser and pat dry . Review of the Treatment Administration Record (TAR) dated 1/1/2025-1/31/2025, revealed Resident #258's treatment to the inferior and superior sacrum was not documented as performed until 1/17/2025. During an interview on 1/22/2025 at 11:11 AM, Licensed Practical Nurse (LPN) B confirmed Resident #258 was admitted to the facility on [DATE], LPN B stated she came in late that evening and assessed Resident #258 on 1/14/2025. LPN B was asked, Did you get a treatment started. LPN B confirmed she cleaned the area and put a dressing on it, LPN B confirmed a treatment for the sacrum was ordered on 1/16/2024 by the [Named treatment Company] doctor. During an interview on 1/22/2025 at 2:45 PM, the Director of Nursing (DON) was asked when a doctor's order should be obtained for a treatment. The DON stated, Immediately. The DON was asked if she knew LPN B did not get an order for the sacrum. The DON confirmed that LPN B should have written an order for the sacrum the day of the assessment on 1/14/2025.		

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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** 50408 Based on policy review, medical record review, and interview, the facility failed to take appropriate actions in accordance with the facility's policy when a fall occurred for 1 of 3 (Resident #5) reviewed for falls. The findings include: 1. Review of the facility's undated policy titled, Fall Prevention Program, revealed .When any resident experiences a fall, the facility will .Assess the resident .Complete a fall assessment .Complete an incident report .Notify physician and family .Review the resident's care plan and update as indicated .Document all assessments and actions .Obtain witness statements . 2. Review of the medical record review revealed Resident #5 was admitted to the facility on [DATE], with diagnoses including Diabetes, Disorganized Schizophrenia, Anxiety, Blindness, Obsessive Compulsive Disorder, and Major Depressive Disorder. Review of the Care Plan dated 1/7/2025 revealed Resident #5 is at risk for falls. Review of the quarterly Minimum Data Set (MDS) dated [DATE], revealed a Brief Interview for Mental Status (BIMS) score of 12, which indicated Resident #5 was moderately cognitively impaired. Resident #5 was assessed to have highly impaired vision. Review of the Progress Notes dated 1/15/2024, 1/16/2024, 1/17/2024, 1/18/2024 and 1/21/2024, revealed Resident #5 had a witnessed fall on 1/14/2024. During an interview on 1/23/2025 at 9:18 AM, the Director of Nursing (DON) was asked for the complete investigation related to the 1/14/2025 fall. The DON confirmed she was not able to provide any documentation related to this fall. The DON was unable to provide a resident assessment after the fall, an incident report, notification of the physician or family, any assessments related to the fall, and no witness statements. The DON was asked should you have completed a fall investigation. She stated, Yes .we did look at the cameras, Resident #5 was in the dining room, she bent over and slid out of her chair.		

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F 0690 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Provide appropriate care for residents who are continent or incontinent of bowel/bladder, appropriate catheter care, and appropriate care to prevent urinary tract infections. **NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 50408 Based on policy review, medical record review, observation, and interview, the facility failed to provide care and services for an indwelling urinary catheter (a tube in the bladder that drains the urine) for 1 of 1 (Resident #258) sampled residents reviewed for indwelling catheters. The findings include: 1. Review of the undated facility policy titled Catheter Care, revealed .It is the policy of this facility to ensure that residents with indwelling catheters receive appropriate catheter care and maintain their dignity and privacy when indwelling catheters are in use .Catheter care will be performed every shift and as needed by nursing personnel .Privacy bags will be available and catheter drainage bags will be covered at all times while in use .Empty drainage bags when bag is half- full or at least each shift . 2. Review of the medical record revealed Resident #258 was admitted to the facility on [DATE], with diagnoses including Chronic Obstructive Pulmonary Disease, Gastrostomy, Alzheimer's Disease and Peripheral Vascular Disease. Review of the quarterly Minimum Data Set (MDS) assessment dated [DATE], revealed a Brief Interview for Mental Status (BIMS) score of 3, which indicated Resident #258 was severely cognitively impaired. Resident was always incontinent of bowel and bladder. Observation in Resident's #258's room on 1/21/2025 at 10:42 AM, revealed the foley catheter was not in a dignity bag. Observation in Resident #258's room on 1/21/2025 at 1:59 PM, 1/22/2025 at 2:02 PM, and 1/23/2025 at 4:17 PM, revealed a Foley catheter bag was wrapped in a pillowcase. Review of the medical record on 1/21/2025, revealed no physician's orders for a foley catheter and no orders for catheter care. Review of the Physician's orders dated 1/22/2025, revealed .catheter care daily and prn [as needed] with soap and water. every shift for Catheter care AND every 1 hours as needed for cath [catheter] care prn with soap and water .record output every shift for record output record output each shift .catheter .TYPE: Foley SIZE:_ 16 fr [French] BALLOON:___15___ CC every shift for Foley catheter care Check placement and secure .Ensure catheter tubing is secured to resident's leg as tolerated, to prevent accidental dislodgement . Review of Care Plan dated 1/22/2025 revealed .Resident has incontinence of bowel .1/22/25 - order for indwelling urinary catheter . Resident has indwelling urinary catheter 16 f [French]/15cc [cubic centimeter] r/t [related to] wound . (continued on next page)		

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F 0690 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	During an Interview on 1/22/2025 at 2:21 PM, the Director of Nursing (DON) was asked when Resident #258's catheter was placed. The DON stated that she came from the hospital with one and we left it in due to pressure ulcers to her buttocks. The DON confirmed that Resident #258 did not have an order for the foley catheter or the catheter care. The DON confirmed that there should be foley catheter orders and catheter care orders. The DON confirmed that catheters should be in dignity bags for privacy. The DON stated, .We have ordered some [privacy bags], I told them to put a pillowcase to cover it .		

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F 0692 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Provide enough food/fluids to maintain a resident's health. **NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 49311 Based on policy review, medical record review, and interview, the facility failed to follow the facility's policy for monitoring weekly weights for 1 of 3 (Resident #1) sampled residents reviewed for nutritional status. The findings include: 1. Review of the facility's policy titled, Weight System, dated 3/4/2022, revealed .If weight concerns are noted/weights are not stable, notify your RD [Registered Dietician] and continue the weekly weights until stable . 2. Review of medical record revealed Resident #1 was admitted on [DATE], with diagnoses including Hypertension, Diabetes, Hyponatremia, Overweight, and Abnormality of Albumin. Review of the Physician Orders dated 3/12/2024, revealed .HOUSE SUPPLEMENT three times a day for give 6oz for increased calorie intake. end date 7/10/24 . Review of the Care Plan dated 5/24/2024, revealed .resident at nutrition risk related to diagnosis of diabetes mellitus .gradual weight loss .house supplement as ordered, regular texture diet with thin liquids .set up assist with meals .hs [hour of sleep] snack . RD [Registered Dietitian] to eval [evaluate] with recommendations as needed .Weights per facility protocol . Review of the Physician Orders dated 7/10/24, revealed .HOUSE SUPPLEMENT four times a day for give 6oz for increased calorie intake . Review of the Physician Orders dated 7/11/2024, revealed . weekly weights r/t [related to] weight loss . Review of the Weight Summary for Resident #1 dated 7/24/2024, revealed the resident weighed 180 lbs. On 1/17/2025, the resident weighed 169 pounds which is a -6.11 % Loss. Review of the quarterly Minimum Data Set (MDS) assessment dated [DATE], revealed a Brief Interview for Mental Status (BIMS) score of 15 which indicated Resident #1 was cognitively intact with no symptoms of depression. Resident had no problems related to swallowing disorder, no broken or loosely fitting dentures and no difficulty with chewing. Review of the facility Weight Summary for Resident #1 revealed the facility failed to get weekly weights for the weeks of 8/5/2024, 8/19/2024, 8/26/2024, 9/9/2024, 9/16/2024, and 9/23/2024. Review of the Dietary assessment dated [DATE], revealed . resident on carbohydrate-controlled diet with thin liquids. Residents with most recent weight of 182 and ideal body weight of 172. Resident consumes 26-100% of all meals . Review of the facility Weight Summary for Resident #1 revealed the facility failed to get a weekly weight for the week of 9/31/2024. (continued on next page)		

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F 0692 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Review of the Weight Summary for Resident #1 dated 10/7/2024, revealed the resident weighed 183 lbs. On 1/17/2025, the resident weighed 169 pounds which is a -7.65 % Loss. Review of the facility Weight Summary for Resident #1 revealed the facility failed to get weekly weights for the weeks of 10/14/2024, 10/21/2024, 10/28/2024, and 11/4/2024. Review of the significant change MDS assessment dated [DATE], revealed a BIMS score of 15 which indicated Resident #1 was cognitively intact with no symptoms of depression. Resident is independent for eating. Resident has no problems related to swallowing disorder. Resident weighed 173 pounds. Weight loss of 5% or more in the last month or more in the last 6 months and is not on a prescribed weight-loss regimen. Review of the facility Weight Summary for Resident #1 revealed the facility failed to get weekly weights for the weeks of 12/9/2024, 12/16/2024, and 12/23/2024. Review of the Dietary assessment dated [DATE], revealed .resident on carbohydrate-controlled diet with thin liquids. Resident with most recent weight of 163 lbs. with and ideal body weight of 172. Resident consumes 26-100% of all meals . Review of the Physician Orders dated 1/2/2025, revealed .Mirtazapine Tablet 15 MG Give 1 tablet by mouth at bedtime for Appetite . Review of the Interdisciplinary Team Note dated 1/7/2025, revealed .Being monitored for weight loss. He was started on Remeron for appetite (1/2/25). Appetite varies . During an interview on 1/22/2025 at 4:31 PM, the [NAME] President (VP) of Nutrition was asked if she was aware of Resident #1's significant weight loss that occurred in the last 3 months of 7.65%. She stated He was stable July through October then started going down about 10 pounds. He had been on House supplement then put on weekly weights. The VP of Nutrition was asked if she had documentation of his nutritional assessments. She replied, You can't see the orders. We put him on weekly weight his po [oral] intake was ok. The VP was asked if Resident #1 was still on weekly weights. VP of Nutrition replied, I don't think he is. Once he starts to get stable, we take him off the weekly weights. I know you look back 6 months, but I am more concerned about the last 60 days. During an interview on 1/23/2025 at 2:50 PM, the Director of Nursing (DON) confirmed that any resident with an order for weekly weights should have weights assessed weekly and documented.		

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F 0812 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Some	Procure food from sources approved or considered satisfactory and store, prepare, distribute and serve food in accordance with professional standards. **NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 47835 Based on policy review, observation, and interview, the facility failed to ensure food was served under sanitary conditions when carbon covered cookware was used in the kitchen, the dishwasher thermometer failed to reach 120 degrees during the wash cycle, sanitation solution did not measure appropriately, when residents were served with unsanitary plates and silverware, when expired foods were found in the dry storage area and in the Emergency Food Supply. The facility had a census of 53, with 51 of those resident's receiving a lunch tray from the kitchen on [DATE], and 49 receiving a breakfast tray on [DATE]. The findings included: 1. Review of the facility's undated policy titled, Dishwasher Temperatures, revealed .It is the policy of this facility to ensure dishes and utensils are cleaned under sanitary conditions through adequate dishwasher temperatures .low temperature dishwashers .wash temperature shall be 120 degrees F [Fahrenheit] . sanitizing solution shall be 50ppm (parts per million) hypochlorite (chlorine) on dish surface in final rinse . Chemical solutions shall be maintained at the correct concentration . 2. Observation on [DATE] at 8:09 AM, and on [DATE] at 11:05 AM, revealed 2 large and 3 small pans, 1 small and 3 medium pots, 4 steam table pans, and 3 skillets with thick carbon build up. Observation on [DATE] at 11:10, revealed two containers of peanut butter with a best if used by date of [DATE], and a can of tomato juice with an expiration date of [DATE]. Observation and interview on [DATE] at 11:10 AM, revealed while the low temperature dishwasher was washing and rinsing dishes, the temperature gauge on the machine read 40 degrees and did not move the whole cycle. The Dietary Manager (DM) was asked to check the sanitation with the dishwasher test strips. The DM confirmed that the dishwasher test strips were not measuring the correct amount of chemicals during the rinse. The DM also confirmed that the thermometer was not working correctly and used a cooking thermometer to check the temperature during a wash cycle. The temperature was 112.6 Fahrenheit. Observation on [DATE] at 11:30 AM, revealed Dietary staff serving lunch on regular dishware that had been washed in the malfunctioning dishwasher. Observation on [DATE] at 7:42 AM, revealed residents being served breakfast on regular dishware that had been washed in the malfunctioning dishwasher. (continued on next page)		

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F 0812 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Some	3. During an observation and interview on [DATE] at 9:00 AM, the DM confirmed the facility would have to replace the broken temperature gauge, the repairman had just worked on the dishwasher machine and the machine was currently working properly. The DM used a kitchen thermometer to test the water during the wash cycle and it read 130 degrees. The dishwasher sanitation strip also tested correctly at this time. The DM was asked if the residents of the facility should have been served lunch on regular dining plates on [DATE] and breakfast on [DATE] knowing that the dishwasher temperature and the chemical sanitation was not what it should have been. The Dietary Manager confirmed he should have used disposable plates and utensils. 4. Observation and interview at the Emergency Food Supply Storage Area on [DATE] at 9:32 AM, revealed the following: a. Four containers of peanut butter with a best used by date of [DATE], and two containers of peanut butter with a best if used by date of [DATE]. b. Two cans of tomato juice with an expiration date of [DATE]. c. Three cans of Cream of Chicken Soup with an expiration date of [DATE]. d. One gallon of Apple Cider Vinegar with an expiration date of [DATE]. e. One case containing 22 cans of evaporated milk with an expiration date of [DATE]. The DM confirmed there should not be any expired food items in the Emergency Food Supply or in the kitchen and stated, .I will get rid of all of this right now . The DM was asked what should have been done for lunch on [DATE] when the dishwasher was noted to not have the right temperature and the right sanitation. The DM stated, .I should have used the paper plates and utensils . The DM was asked what he should have done for breakfast on [DATE] since the repairman had not been in yet to service the dishwasher. The DM stated, .disposable plates should have been used .		

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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** 49311 Based on policy review, medical record review, observation, and interview, the facility failed to ensure infection control practices were followed during medication administration when 1 of 3 Licensed Practical Nurse (LPN) A nurses failed to follow Enhanced Barrier Precautions (EBP) when administering PEG (percutaneous endoscopic gastrostomy) tube medications and failed to perform appropriate hand hygiene. The findings include: 1. Review of the undated facility policy titled, Enhanced Barrier Precautions, revealed .It is the policy of this facility to implement enhanced barrier precautions for the prevention of transmission of multidrug-resistant organisms .Enhanced barrier precautions (EBP) refers to an infection control intervention designed to reduce transmission of multidrug-resistant organisms that employs targeted gown and gloves use during high contact resident care activities .High-contact resident care activities include .Device care or use: .feeding tubes . Review of the undated facility policy titled, Hand Hygiene, revealed .The use of gloves does not replace hand hygiene. If your task requires gloves, perform hand hygiene prior to donning gloves, and immediately after removing gloves . 2. Review of medical record revealed Resident #31 was admitted on [DATE], with diagnosis including Gastrostomy. Review of the quarterly Minimum Data Set (MDS) assessment dated [DATE], revealed a Brief Interview for Mental Status (BIMS) score of 12, which indicated Resident #31 was moderately cognitively impaired. Review of Physician's orders dated 4/17/2024 revealed .Enhanced barrier precautions r/t [related to] peg tube every shift . Observation in Resident's room on 1/22/2024 at 11:00 AM, revealed LPN A removed gloves, did not perform hand hygiene, cleaned stethoscope, removed medication, put on gloves .opened capsules, removed gloves, did not perform hand hygiene, administered medications per peg and did not wear a gown. During an interview on 1/22/2025 at 11:23 AM, LPN A was asked if Resident #31 was in Enhanced Barriers. She replied, No. LPN A was asked if there was a sign on the door that says enhanced barrier. She replied, Yes, but he is not sick. LPN A was asked if PPE [Personal Protective Equipment] should have been worn when providing care to a resident in Enhanced Precautions. LPN A stated, Yes. I never would have thought of that. LPN A confirmed that hand hygiene should have been performed after taking off dirty gloves and before putting on clean gloves. (continued on next page)		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 445413	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 01/24/2025
NAME OF PROVIDER OR SUPPLIER Laurelwood Healthcare Center		STREET ADDRESS, CITY, STATE, ZIP CODE 200 Birch St Jackson, TN 38301	
For information on the nursing home's plan to correct this deficiency, please contact the nursing home or the state survey agency.			
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (Each deficiency must be preceded by full regulatory or LSC identifying information)		
F 0880 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	During an interview on 1/23/2025 at 2:50 PM, the Director of Nursing (DON) was asked if nursing staff providing care to residents should know what EBP are. The DON replied, Yes, absolutely. The DON confirmed the nurse should have worn PPE when administering peg meds to a resident in EBP. The DON confirmed that staff should perform hand hygiene after removing gloves and before putting on clean gloves.		