STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	445422	A. Building B. Wing	02/25/2026

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Etowah Health and Rehabilitation	409 Grady Road Po Box 957 Etowah, TN 37331

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 0921 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Some	Make sure that the nursing home area is safe, easy to use, clean and comfortable for residents, staff and the public. **NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** Based on facility policy review, medical record review, observations, and interviews, the facility failed to maintain a safe, clean, homelike environment for 9 resident rooms (room [ROOM NUMBER], #201, #214, #209, #106, #212, #205, #111, and #206) of 28 resident rooms observed on 2 of 2 hallways observed. The findings include: Review of the facility's policy titled, Room Audit, dated 9/1/2014, revealed .PURPOSE .To assess resident rooms to identify items that should be repaired .or addressed to ensure a home-like standard that meets acceptable standards .Lights including over-bed lighting should be checked for proper function .General Room Appearance .should be noted and reported .Damage .should be noted .and addressed according to priority . 1. Review of the medical record revealed Resident #20 was admitted to the facility on [DATE] with diagnoses including Type 2 Diabetes, Osteoporosis, and Hypertension. Review of an annual Minimum Data Set (MDS) assessment dated [DATE], revealed Resident #20 scored a 14 on the BIMS assessment which indicated the resident was cognitively intact. During an observation and interview on 2/24/2026 at 9:11 AM, in room [ROOM NUMBER] (Resident #20 resided in the room) revealed a gap between the right side of the heat/air conditioning unit and the wall with cold air entering into the room through the gap. Resident #20 stated at times she felt cold in her room due to the draft (unable to give exact dates). 2. Review of the medical record revealed Resident #14 was admitted to the facility on [DATE] with diagnoses including Anxiety, Chronic Obstructive Pulmonary Disease, and Delusional Disorder. Review of a quarterly MDS assessment dated [DATE], revealed Resident #14 scored an 11 on the Brief Interview for Mental Status (BIMS) assessment which indicated the resident had moderate cognitive impairment. During an observation and interview on 2/24/2026 at 9:15 AM, in room [ROOM NUMBER] (Resident #14 resided in the room) revealed a gap between the left side of the heat/air conditioning unit and the wall with cold air entering through the gap into the room. Resident #14 stated the cold air had been coming through the gap for a while (unsure of exact dates) and stated .I get cold sometimes at night . Further observation revealed a vinyl baseboard lateral to bed-1 detached from the wall. 3. Review of the medical record revealed Resident #3 was admitted to the facility on [DATE] with diagnoses including Diabetes, Major Depressive Disorder, and Hypertension. Review of a quarterly MDS assessment dated [DATE], revealed Resident #3 scored a 13 on the BIMS assessment which indicated the resident was cognitively intact. During an observation and interview on 2/24/2026 at 9:20 AM, in room [ROOM NUMBER] (Resident #3 resided in the room) revealed a gap between the left side of the heat/air conditioning unit and the wall with visible sunlight and cold air entering through the gap into the room. Resident #3 stated she felt cold at night sometimes (unable to give exact dates). Further observation revealed a hole on the outside of the bathroom door approximately 1 1/2 inch deep and a vinyl baseboard lateral to the bed damaged and detached from the wall. Further observation revealed the overbed light was non-operational in room [ROOM NUMBER] on the 2 side of the room. 4. Review of the medical record revealed Resident #48 was admitted to the facility on [DATE] with diagnoses including Hypertension, Atherosclerotic Heart Disease, and Muscle Weakness. Review of an admission MDS assessment dated [DATE], revealed Resident #48 scored a (continued on next page)

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
	445422	A. Building B. Wing	02/25/2026

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Etowah Health and Rehabilitation	409 Grady Road Po Box 957 Etowah, TN 37331

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 0921 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Some	13 on the BIMS assessment which indicated the resident was cognitively intact. During an observation and interview on 2/24/2026 at 9:48 AM, in room [ROOM NUMBER] revealed Resident #48 lying in bed watching TV. The resident stated he had noticed a draft in his room since admission to the facility (2/19/2026), and he found a gap in the window frame. The resident stated his son rolled up facial tissue and placed it in the gap to prevent cold air from entering the room. The resident stated his room continued to be cold at times, especially if it was windy outside (unable to give exact dates). Observation of the window frame revealed a gap at the bottom of the window and the wall which contained rolled tissue in the gap. The gap continued to allow cold air to enter the room. Continued observations of 5 additional resident rooms on 2/24/2026 revealed the following: 5. During an observation on 2/24/2026 at 9:46 AM, in room [ROOM NUMBER], revealed the bathroom door contained 4 holes to the outside of the door. The wall near the closet had metal material exposed with missing drywall and paint. 6. During an observation on 2/24/2026 at 10:00 AM, in room [ROOM NUMBER], revealed the at the base of the entrance door to the room had wooden laminate which was damaged and peeling away from the door with rough edges exposed. 7. During an observation on 2/24/2026 at 10:06 AM, in room [ROOM NUMBER], revealed a gap between the left side of the heat/air conditioning unit and the wall with visible sunlight and cold air entering through the gap into the room. Further observation revealed the entrance door to the room had wooden laminate peeling from the door. 8. During an observation on 2/24/2026 at 2:50 PM, in room [ROOM NUMBER], revealed a small open gap between the right side of the heat/air conditioning unit and the foam insulation. During an interview on 2/24/2026 at 2:55 PM, Certified Nursing Assistant (CNA) E stated she worked on the 100 hallway and some of the rooms were cold but was unsure why. 9. During an observation on 2/24/2026 at 4:13 PM, in room [ROOM NUMBER], revealed a large gap between the right side of the heat/air conditioning unit and the wall with visible sunlight and cold air entering through the gap into the room. During observations and interviews on 2/24/2026 at 4:24 PM, with the Administrator, Director of Nursing (DON), and Director of Clinical Operations revealed:1. A gap between the left side of the heat/air conditioning unit and wall with visible sunlight and cold air coming through the gap in room [ROOM NUMBER]. A vinyl baseboard lateral to the bed 1 was damaged and detached from the wall. Continued observation revealed a hole on the outside of the bathroom door approximately 1 1/2 inch deep and the overbed light was non-operational for bed 2.2. A large gap between the right side of the heat/air conditioning unit and wall with visible sunlight and cold air coming through the gap in room [ROOM NUMBER].3. 4 holes to the outside of the bathroom door and the wall near the closet had metal material exposed with missing drywall and paint in room [ROOM NUMBER].4. The entrance door to room [ROOM NUMBER] had wooden laminate which was damaged and peeling away from the door structure at the base of the door with rough edges exposed.5. A gap between the left side of the heat/air conditioning unit and wall in room [ROOM NUMBER] with visible sunlight and cold air coming through the gap and the entrance door to the room had wooden laminate peeling off the door.6. A gap between the left side of the heat/air conditioning unit and wall with cold air coming through the gap in room [ROOM NUMBER].6. A gap between the right side of the heat/air conditioning unit and the foam insulation in room [ROOM NUMBER].7. A gap between the left side of the heat/air conditioning unit and wall with cold air coming through the gap in room [ROOM NUMBER].8. The window frame had a gap which contained rolled tissue and cold air coming around the window frame in room [ROOM NUMBER]. The Administrator, DON, and Director of Clinical Operations confirmed rooms #214, #206, #209, #212, #205, #201, #111, #105, and #106 had not been maintained in a homelike environment.

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	445422	A. Building B. Wing	02/25/2026

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Etowah Health and Rehabilitation	409 Grady Road Po Box 957 Etowah, TN 37331

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	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, observations, facility document review, and interviews, the facility staff failed to provide hand hygiene prior to meal services for 5 residents (Resident #10, Resident #2, Resident #21, Resident #25, Resident #53) of 5 residents observed for dining on 2 of 2 hallways and 1 dining room observed. The findings include: Review of the facility's policy titled, Hand Washing/Hand Hygiene, dated 11/1/2017, revealed .Use an alcohol-based hand rub or, alternatively, soap (antimicrobial or non-antimicrobial) and water .Before and after eating or handling food . Review of the medical record revealed Resident #10 was admitted to the facility on [DATE] with diagnoses including Muscle Weakness, Nausea and Vomiting, and Adult Failure to Thrive. Review of a comprehensive care plan dated 12/3/2025, revealed Resident #10 .ADL [Activities of Daily Living] Self Care Deficit due to .Impaired cognition/dementia .EATING: provide this support . Dependent . Review of a significant change in status Minimum Data Set (MDS) assessment dated [DATE], revealed Resident #10 scored a 4 on the Brief Interview for Mental Status (BIMS) assessment which indicated the resident had severe cognitive impairment. Further review revealed the resident was dependent on staff with eating and personal hygiene.During an observation on 2/23/2026 at 12:18 PM, the Wound Care Nurse (WCN) delivered the lunch meal tray to Resident #10. The WCN set up the tray for the resident and failed to offer hand hygiene. Review of the medical record revealed Resident #2 was admitted to the facility on [DATE] with diagnoses including Osteoarthritis, Muscle Weakness, Chronic Pain, Allergic Rhinitis, and Atrial Fibrillation. Review of a comprehensive care plan dated 10/6/2022, revealed Resident #2 .ADL Self Care Deficit due to .Chronic Pain .EATING: provide .support . Review of an annual MDS assessment dated [DATE], revealed Resident #2 scored a 13 on the BIMS assessment which indicated the resident was cognitively intact. Further review revealed Resident #2 required set up/clean up assistance with eating and partial/moderate assistance with personal hygiene. During an observation on 2/23/2026 at 12:20 PM, the Director of Nursing (DON) delivered the lunch meal tray to Resident #2. The DON set up the tray for the resident and failed to offer hand hygiene. Review of the medical record revealed Resident #21 was admitted to the facility on [DATE] with diagnoses including Atrial Fibrillation, Cirrhosis of the Liver, Esophageal Varices with Bleeding, Protein-Calorie Malnutrition, and Muscle Weakness. Review of a comprehensive care plan dated 1/29/2026, revealed Resident #21 .ADL [Activities of Daily Living] Self Care Deficit due to .Paroxysmal Atrial Fibrillation, Muscle Weakness . EATING: provide this support . Setup . Review of an admission MDS assessment dated [DATE], revealed Resident #21 scored a 15 on the BIMS assessment which indicated the resident was cognitively intact. Further review revealed the resident #21 required set up/clean up assistance with eating and substantial/maximal assistance with personal hygiene. During an observation on 2/23/2026 at 12:35 PM, the DON delivered the lunch meal tray to Resident #21. The DON set up the tray for the resident and failed to offer hand hygiene. Review of the medical record revealed Resident #25 was admitted to the facility on [DATE] with diagnoses including Hemiplegia and Hemiparesis Right Dominant Side, Aphasia, and Muscle Weakness. Review of an admission MDS assessment dated [DATE], revealed Resident #25 scored an 8 on the BIMS assessment which indicated the resident had moderate cognitive impairment. Further review revealed Resident #25 required set up/clean up assistance with eating and partial/moderate assistance with personal hygiene. Review of a comprehensive care plan dated 1/30/2026, revealed Resident #25 .ADL Self Care Deficit due to .Hemiplegia and Hemiparesis .Affecting Right Dominant Side .EATING: provide this support .Setup .During an observation on 2/23/2026 at 12:35 PM, the Director of Clinical Operations delivered the lunch meal tray to Resident #25. The Director of Clinical Operations set up the tray for the resident and failed to offer hand hygiene. Review of the medical record revealed Resident #53 was admitted to the facility on [DATE] with diagnoses including Heart Failure, Iron Deficiency, and Depression. Continued review of the medical record revealed Resident (continued on next page)

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	445422	A. Building B. Wing	02/25/2026

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Etowah Health and Rehabilitation	409 Grady Road Po Box 957 Etowah, TN 37331

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	#53 had moderate cognitive impairment. Review of a comprehensive care plan dated 2/19/2026, revealed Resident #53 .ADL Self Care Deficit due to .Heart Failure .EATING: provide this support . Review of the facility document titled Section GG-Admission dated 2/20/2026, revealed Resident #53 required partial/moderate assistance with eating and setup or clean-up assistance with personal hygiene. During an observation on 2/23/2026 at 12:36 PM, Certified Nurse Aide (CNA) D delivered the lunch meal tray to Resident #53. CNA D set up the tray for the resident and failed to offer hand hygiene. During an interview on 2/23/2026 at 12:37 PM with the Director of Regional Operations confirmed .We [staff] should be washing their [residents] hands .I didn't . During an interview on 2/23/2026 at 12:40 PM,CNA C stated .We used to have the wipes before but we don't now .During an interview on 2/23/2026 at 12:42 PM, CNA D stated .We haven't been washing their hands, we used to have wipes .