STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	445423	A. Building B. Wing	11/21/2025

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Vanayer Senior Living and Rehabilitation	460 Hannings Lane Martin, TN 38237

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 0554 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Allow residents to self-administer drugs if determined clinically appropriate. **NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** Based on facility policy review, medical record review, observation, and interview, the facility failed to ensure that resident medication was administered as ordered when 1 of 1 (Resident #70) random residents observed self-administered a nebulizer treatment without staff present. The findings include: Review of the facility policy titled, Self Administration of Medications, dated 1/2025, revealed . maintain the safety and accuracy of medication administration.interdisciplinary team will assess and periodically re-evaluate the resident based on change in resident status.resident candidate for self-administration of medications will be indicated in the chart. Review of the facility policy titled, Administration of Drugs, dated 1/2025, revealed .medications shall be administered as prescribed by the attending physician.Medication must be administered in accordance with the written orders of the attending physician. Review of the medical record revealed Resident #70 was admitted to the facility on [DATE], with diagnoses including Pneumonia, Chronic Respiratory Failure, and Malignant Neoplasm of the Bronchus and Lung. Review of the Care Plan dated 9/25/2025, revealed Administer small-volume nebulization (SVN) as ordered . Review of Physician's orders dated 9/25/2025, revealed .Ipratropium-Albuterol Inhalation Solution [a liquid solution used in a breathing machine to assist with breathing easier] 0.5-2.5 (3) MG [Milligrams]/3ML [Milliliter] .1 vial inhale orally every 6 hours for nebulizer while awake.to be administer by clinician. The facility was unable to provide documentation that a Self-Administration assessment had been completed for Resident #70. During a random observation in Resident #70's room on 9/29/2025 at 2:29 PM, revealed the resident was lying in bed wearing a nebulizer mask, with the nebulizer machine on, and no staff present to monitor the administration of the medication. During an interview on 10/1/2025 at 9:19 AM, the Director of Nursing (DON) was asked if the nurse should be present during a nebulizer treatment if the resident has not been assessed for self-administration of medications. The DON stated Yes .

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 0656 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Develop and implement a complete care plan that meets all the resident's needs, with timetables and actions that can be measured. **NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** Based on policy review, medical record review, observation, and interview, the facility failed to implement care plan interventions for 1 of 2 (Resident #3) sampled residents reviewed for falls. The findings include: 1. Review of the facility policy titled, Comprehensive Person-Centered Care Planning, dated 1/2025, revealed .The facility IDT [Interdisciplinary Team] will develop and implement a comprehensive person-centered .care plan .The resident's comprehensive plan of care will be reviewed and/or revised by the IDT after each assessment .The care plan process will be .ongoing to meet the residents' needs . 2. Review of the medical record revealed Resident #3 was admitted to the facility on [DATE], with diagnoses including Cerebral Infarction, Dementia, and Osteoarthritis. 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 #3 was severely cognitively impaired, used a wheelchair for mobility, was dependent on staff for assistance for Activities of Daily Living (ADLs) and had one fall with injury. Review of the Care Plan dated 1/2/2025, revealed that Resident #3 had falls on 1/31/2025, 2/2/2025, 2/6/2025, 2/17/2025, 2/25/2025, 3/3/2025, 3/5/2025, 3/15/2025, 5/29/2025, 7/18/2025, 7/28/2025, 8/2/2025, and 8/10/2025. Further review of the care plan dated 1/2/2025 revealed, .2/2/25 [2/2/2025] Place dycem [Non-Abrasive Grip Tape] in geri [geriatric] chair [reclining chair with more support than a wheelchair] .7/18/25 [7/18/2025] anti roll backs [prevents the wheelchair from tipping over while standing] to w/c [wheelchair] .9/26/25 [9/26/2025] Apply nonskid [socks with grippers on the bottom to prevent sliding] socks . Observation in Resident #3's room on 9/29/2025 at 9:02 AM and 10:39 AM, revealed Resident #3 had on socks with no grippers on the bottom, no shoes and was sitting in a wheelchair without anti rollback wheels. Observation on the 200 Hall on 9/30/2025 at 7:58 AM, revealed Resident #3 had on socks with no grippers on the bottom and no shoes. During an observation and interview in Resident #3's room on 9/30/2025 at 2:25 PM, the Director of Nursing (DON) and the Assistant Director of Nursing (ADON) were asked if there was dycem in Resident #3's wheelchair or geri chair since it was care planned as an intervention. The ADON stated, .dycem should have been in the chairs . The DON and ADON were asked if Resident #3 should have been in a standard wheelchair without anti rollback wheels if she was care planned for a wheelchair with anti-rollback wheels. The DON and ADON stated, No. The ADON was asked if the Resident should be wearing socks without grippers if she was care planned for nonskid socks. The ADON stated, .she should have had nonskid socks on if it's on the care plan.

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F 0693 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Ensure that feeding tubes are not used unless there is a medical reason and the resident agrees; and provide appropriate care for a resident with a feeding tube. **NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** Based on policy review, medical record review, and interview, the facility failed to ensure care and services were provided when the use of a Percutaneous Endoscopic Gastrostomy (PEG) tube (a tube inserted into the stomach to administer medications and food supplements) was documented inaccurately in the medical record for 1 of 1 sampled resident (Resident #6) reviewed for enteral feedings. The findings include: 1. Review of the facility policy titled, .Enteral Feeding Administration ., dated 7/2025, revealed .Document any necessary information .placement check done .residual .any difficulties and resident's tolerance to the procedure on the progress notes . 2. Review of the medical record revealed Resident #6 was admitted to the facility on [DATE], with diagnoses including Dementia, Dysphasia, and Gastrostomy. Review of the quarterly Minimum Data Set assessment dated [DATE], revealed a Brief Interview for Mental Status score of 4, which indicated Resident #6 was severely cognitively impaired and had a feeding tube. Review of the Physician's order dated 9/4/2025, revealed .Jevity [high calorie supplement for tube feeding] 1.5 Cal [Calories]/Fiber .at 50 ml/hr [milliliters per hour] . Review of the Progress Notes revealed .Jevity 1.5 continuous at 65ml/hr . on the following dates, 8/24/2025, 8/28/2025, 8/30/2025, 9/1/2025, 9/5/2025, 9/8/2025, 9/9/2025, 9/20/2025, 9/21/2025, 9/25/2025, and 9/29/2025. The facility failed to document Jevity 1.5 at 50ml/hr per the Physician's Orders. During an interview on10/1/2025 at 9:20 AM, the Director of Nursing was asked if the order for the use of the PEG Tube was for Jevity at 50 ml/hr and the Medication Administration Record indicated it was administered at 50 ml/hr, but in the progress notes it is documented as 65ml/hr, would this be inaccurate documentation. The DON stated, Yes.

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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 failed to ensure practices to prevent the potential spread of infection were maintained when 1 of 2 Nurses (Licensed Practical Nurse (LPN) A) failed to perform hand hygiene during wound care for 1 of 2 sampled residents (Resident #2) were reviewed for wounds, and when 1 of 11 staff members (Certified Nursing Assistant (CNA) B) failed to wear gloves when handling food for 1 of 58 sampled residents (Resident #15) reviewed during dining. The findings include: 1. Review of the facility policy titled, Hand Hygiene, dated 1/2025, revealed .Hand hygiene is one of the most effective measures to prevent the spread of infection .Procedure .Use an alcohol-based hand rub .or soap and water for the following situations .Before handling clean or soiled dressings, gauze pads .After handling used dressings .After removing gloves . Review of the facility policy titled, General Food Handling, dated 11/2019, revealed .Food will be.served.with suitable implements to avoid manual contact of prepared foods. 2. Review of the medical record revealed Resident #2 was admitted to the facility on [DATE], with diagnoses including Atrial Fibrillation, Dementia, and Hypertension. Review of the significant change Minimum Data Set (MDS) assessment dated [DATE], revealed a Brief Interview for Mental Status (BIMS) score of 3, which indicated Resident #2 was severely cognitively impaired. Resident #2 was assessed for 2 unstageable pressure ulcers (pressure ulcers whose wound bed is not visible due to slough or eschar). Review of the Physician's Order dated 6/12/2025, revealed .Betadine [antiseptic solution]-clean left heel with normal saline, pat dry, paint with betadine and leave open to air every day and PRN [as needed] .for blister . Observation in Resident #2's room during wound care on 9/30/2025 at 2:15 PM, revealed LPN A cleaned right heel with saline soaked gauze, removed gloves, failed to perform hand hygiene before putting on clean gloves, and completed the wound care on the right heel. LPN A removed her gloves, put on a clean pair of gloves and failed to perform hand hygiene and completed the wound care on Resident #2's left heel. During an interview on 10/01/2025 at 10:02 AM, the Director of Nursing (DON) was asked if hand hygiene should be performed between glove changes when providing wound care. The DON stated, Yes, ma'am. 3. Observation in Resident #15's room during dining on 9/27/2025 at 2:15 PM, revealed CNA B removed a wrapped ice cream sandwich from Resident #15'a tray, removed the wrapper, then broke the ice cream sandwich in half with her ungloved bare hands before placing it back onto the resident's tray. During an interview on 10/1/2025 at 10:30 AM, the DON was asked if staff members should handle resident's food with ungloved bare hands. The DON stated, No, ma'am.