STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	445424	A. Building B. Wing	06/04/2025

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Center on Aging and Health	880 South Mohawk Drive Erwin, TN 37650

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 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 facility policy review, medical record review, and interview, the facility failed to develop a care plan for falls for 1 resident (Resident #3) of 4 residents reviewed for fall care plans. The findings include: Review of the facility's care plan policy last reviewed 5/2011 revealed .Plans of care will be developed that are .holistic .Care plans will establish goals and objectives specific to each need .Interventions will be listed and evaluated for effectiveness . Review of the medical record revealed Resident #3 was admitted to the facility on [DATE] with diagnoses including Repeated Falls, Muscle Weakness, and Difficulty in Walking, the resident discharged home with home health on 11/22/2023. Review of the admission Minimum Data Set (MDS) assessment dated [DATE] revealed Resident #3 scored a 14 on the Brief Interview of Mental Status (BIMS) assessment which indicated the resident was cognitively intact. The resident required assistance of 1 person with activities of daily living (ADL's). Review of a facility document titled, Fall Risk Evaluation, for Resident #3 dated 11/8/2023, revealed .if the total score is 10 or greater the resident should be considered at high risk for potential falls . Resident #3 scored a 10 on the evaluation which indicated the resident was at risk for falls. Review of the facility's fall investigation documentation for Resident #3 dated 11/10/2023 at 2:00 AM, revealed Resident #3 had an unwitnessed fall in his room. The resident had ambulated with a walker, on his own, to the bathroom. Upon return from the bathroom the resident's legs became wobbly, lost his balance, and fell on the walker receiving bruises to the right upper back and upper arm. The fall interventions in place prior to the fall included a yellow dot sticker on the outside of the residents room which alerted staff the resident was a fall risk, non-slip strips at the bedside, and bilateral bedrails. The intervention initiated after the fall was to encourage the resident to use his wheelchair to ambulate. Review of the care plan for Resident #3 dated 11/14/2023, revealed a care plan had not been developed to include the resident's risk for falls, did not include the resident had a fall on 11/10/2023, and the care plan had not been developed with any fall interventions. (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
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F 0656 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Review of the facility's fall investigation documentation for Resident #3 dated 11/15/2023 at 12:00 AM, revealed Resident #3 had an unwitnessed fall in his room while attempting to put clothes away. The resident stated he lost his balance and did not like to ask staff for help. Resident #3 received an abrasion the the left elbow. The new fall intervention included a reacher (device used for picking up objects) for the resident to use. Review of the care plan for Resident #3 revealed the care plan was not developed for falls with the fall interventions or risk of falls after the 11/15/2023 fall. During an interview on 6/3/2025 at 11:00 AM, the Administrator stated .no we did not put it on the care plan for falls it's not on there .the interventions were in place it just didn't get put on the care plan . The Administrator confirmed the facility failed to document Resident #3 was at risk for falls on the care plan and failed to develop a fall care plan to include the resident's fall interventions. During an interview on 6/4/2025 at 9:35 AM, the Physical Therapy Assistant Rehabilitation Director stated .I remember [Resident #3] he was a very tall man .I did get him a reacher for assistance with dressing .I got him a wheelchair and he had nonslip strips on the floor .he was alert and oriented and we educated him on the use of the call light and to ask for help .he had a walker and he used it but we told him it would be safter to use the wheelchair if he was doing any ambulation without us .the interventions for falls were in place .