STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	445427	A. Building B. Wing	04/01/2026

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Grandview Post Acute	444 One Eleven Place Cookeville, TN 38506

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 0755 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Provide pharmaceutical services to meet the needs of each resident and employ or obtain the services of a licensed pharmacist. **NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** Based on facility policy review, medical record review, facility documentation review, and interview the facility failed to ensure a medication was available from the pharmacy within 24 hours of ordering the medication for 1 resident (Resident #3) of 9 residents reviewed.Review of facility policy titled, Choice of Pharmacy and Medicare (Part D) Drug Plans revised 4/2007, revealed .The pharmacy service provider must deliver routinely prescribed medications within twenty-four hours (24) hours of the order, or sooner if needed .Medical record review revealed Resident #3 was admitted to the facility on [DATE] with diagnoses including Osteomyelitis of Vertebra Thoracic Region, and Management of Vascular Access. Review of a quarterly Minimum Data Set (MDS) assessment dated [DATE], revealed Resident #3 scored a 14 on the Brief Interview of Mental Status (BIMS) assessment which indicated was cognitively intact. Review of Physician's Orders for Resident #3 dated 3/19/2026 at 5:10 AM, revealed the resident was ordered Oxycodone (a medication used to treat pain) 10/325 milligrams (mg) every 4 hours as needed for Osteomyelitis (infection of the bone).Review of the Pain Assessment for Resident #3 dated 3/19/2026-3/20/2026, revealed no increase in pain. Review of pharmacy workflow and delivery details documentation revealed Oxycodone 10/325 mg was delivered to the facility on 3/20/2026 at 5:30 PM (approximately 36 hours after the medication was ordered). Review of an email from the Director of Nursing (DON) to the Pharmacy General Manager on 3/20/2026 at 4:09 PM, revealed .Just wondering why it is taking so long for this [medication Oxycodone 10/325mg] to be delivered? It was ordered more than 24 hours ago . continued review of an email from the Pharmacy General Manager to the DON on 3/23/2026 at 1:21 PM, revealed .I have completed a review of the order in question. Your team submitted the request at 5:10 a.m. on the 19th, and it should have been included on the delivery run that same day. Unfortunately, the pharmacy staff member who entered the order incorrectly placed it on the following days run .I do not have an excuse for the error, but I can assure you it is being taken seriously .During an interview on 3/30/2026 at 10:30 AM, the DON stated .the medicine was ordered on 3/19 at 5:00 AM and it got here on 3/20 [3/20/2026] at 5:30 PM . The DON confirmed the facility failed to acquire Resident #3's Oxycodone 10/325 mg within 24 hours of the order.

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