

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 445430	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 06/06/2024
NAME OF PROVIDER OR SUPPLIER Ahc Lewis County		STREET ADDRESS, CITY, STATE, ZIP CODE 119 Kittrell Street Hohenwald, TN 38462	

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)
<p>F 0578</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>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.</p> <p>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 38439</p> <p>Based on policy review, medical record review, and interview, the facility failed to provide information regarding residents' right to formulate an Advanced Directive for 5 of 24 sampled residents (Resident #1, #15, #22, #34, and #39) reviewed for Advanced Directives.</p> <p>The findings include:</p> <ol style="list-style-type: none"> Review of the facility's policy titled, Advance Directives, Appointment of Healthcare Agent or Surrogate, POST Form, revised 1/8/2024, revealed, .Purpose .To provide guidance to support and facilitate a resident's right to .formulate an advance directive .Residents will be informed, and written information provide, during the admission process, regarding the right to accept or refuse medical or surgical treatment. The facility will honor the Advance Directive as the resident's wishes for future care and treatment .The facility recognizes the resident has the right to formulate an Advance Directive .The facility representative will discuss and provide written information explaining the Advance Directive Program, upon admission to the facility . Review of the medical record revealed Resident #1 was admitted to the facility on [DATE], with diagnosis of Calculus of Kidney, Diabetes, Gastrostomy Status, and Heart Failure. <p>Review of the annual Minimum Data Set (MDS) dated [DATE], revealed Resident #1 had a Brief Interview for Mental Status (BIMS) score of 00, which indicated the resident was severely cognitively impaired.</p> <p>Review of the medical record revealed there was no documentation to indicate that the resident and/or their legal representative was informed, offered, or provided written information regarding their right to formulate an Advance Directive upon admission.</p> <ol style="list-style-type: none"> Review of the medical record revealed Resident #15 was admitted to the facility on [DATE], with diagnoses of Cerebral Infarction, Hypertension, Depression, Insomnia, and Chronic Obstructive Pulmonary Disease. <p>Review of the annual Minimum Data Set, dated dated dated [DATE], revealed Resident #15 had a BIMS score of 8, which indicated the resident was moderately cognitively impaired.</p> <p>(continued on next page)</p>

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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<p>F 0578</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Review of the medical record revealed there was no documentation to indicate that the resident and/or their legal representative was informed, offered, or provided written information regarding their right to formulate an Advance Directive upon admission.</p> <p>4. Review of the medical record revealed Resident #22 was admitted to facility on 5/27/2021, with diagnoses of Hemiplegia and Hemiparesis, Paranoid Schizophrenia, Impulse Disorder, Cerebral Infarction, and Aphasia.</p> <p>Review of the annual Minimum Data Set, dated dated [DATE], revealed Resident #22 had a BIMS score of 15, which indicated the resident was cognitively intact.</p> <p>Review of the medical record revealed there was no documentation to indicate that the resident and/or their legal representative was informed, offered, or provided written information regarding their right to formulate an Advance Directive upon admission.</p> <p>5. Review of the medical record revealed Resident #34 was admitted to the facility on [DATE], with diagnoses of Aphasia, Hemiplegia, Hemiplegia, Osteoarthritis, Lack of Coordination, Liver Disease, and Chronic Pain.</p> <p>Review of the quarterly MDS dated [DATE], revealed Resident #34 had a BIMS score of 00, which indicated the resident is severely cognitively impaired.</p> <p>Review of the medical record revealed there was no documentation to indicate that the resident and/or their legal representative was informed, offered, or provided written information regarding their right to formulate an Advance Directive upon admission.</p> <p>6. Review of the medical record revealed Resident #39 was admitted to the facility on [DATE], with diagnosis of Surgical Amputation, End Stage Renal Disease, Peripheral Vascular Disease, Chronic Kidney Disease, and Diabetes.</p> <p>Review of the significant change MDS dated [DATE] revealed Resident #39 had BIMS score of 15, which indicated the resident is cognitively intact.</p> <p>Review of the medical record revealed there was no documentation to indicate that the resident and/or their legal representative was informed, offered, or provided written information regarding their right to formulate an Advance Directive upon admission.</p> <p>During an interview on 6/4/2024 at 10:16 AM, the SSD confirmed that all residents should have an opportunity to formulate an advance directive when they are admitted to the facility. The SSD confirmed that the facility failed to have documentation that Resident #1, #15, #22, #34, and #39 and/or their legal representative was informed, offered, or provided written documentation regarding their right to formulate an Advance Directive.</p>		

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<p>F 0880</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Some</p>	<p>Provide and implement an infection prevention and control program.</p> <p>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 33379</p> <p>Based on policy review, medical record review, observation, and interview, the facility failed to ensure practices to prevent the potential spread of infection were maintained for 6 of 6 sampled residents (#4, #42, #51, #66, #78 and #134) reviewed for enhanced barrier precautions and for 1 of 9 Certified Nursing Assistant (CNA) F failed to remove a urinal filled with urine from Resident #63's overbed table during dining.</p> <p>The findings include:</p> <p>1. Review of the facility's policy titled, Transmission Based Precautions, revised date 4/1/2024 revealed, .To provide guidance on taking appropriate precautions to prevent transmission of infectious agents .Initiation of Enhanced Barrier Precautions .An order for enhanced barrier precautions shall be obtained for residents with any of the following .pressure ulcers .indwelling medical devices .feeding tubes, tracheostomy .even if the resident is not infected .Make gowns and gloves available which may include near or outside of the resident's room .face protection may also be needed if performing activity with risk of splash or spray . tracheostomy care .PPE [Personal Protective Equipment] for enhanced barrier precautions is only necessary when performing high-contact care activities .High-contact resident care activities include .feeding tubes, tracheostomy .wound care .any skin opening requiring a dressing .Enhanced barrier precautions should be used for the duration of the affected resident's stay in the facility or until resolution of the wound or discontinuation of the indwelling medical device that placed them at higher risk .</p> <p>Review of the facility's policy titled, Resident Rights and Resident Responsibilities dated 11/20/2023 revealed .The resident has a right to be treated with respect and dignity .The right to reside and receive services in the facility with reasonable accommodation of the resident needs and preferences .The resident has a right to a safe, clean, comfortable and homelike environment, including but not limited to receiving but not limited receiving treatment and supports for daily living safely .</p> <p>2. Review of the medical record revealed Resident #4 was admitted on [DATE], with diagnoses of Paralytic Syndrome, Dysphagia, Traumatic Brain Injury, Gastro-esophageal Reflux Disease, and Gastrostomy.</p> <p>Review of the annual Minimum Data Set (MDS) dated [DATE], revealed had a BIMS score of 00, which indicated Resident #4 was severely cognitively impaired and was coded for a feeding tube.</p> <p>Review of the May 2024 Physician Orders revealed, .Jevity 1.5 .Enteral Tube [a tube that allows liquid food to enter your stomach or intestine through a tube] .</p> <p>Observation during medication administration in the resident's room on 6/4/2024 at 3:00 PM, revealed Licensed Practical Nurse (LPN) D failed to wear Personal protective equipment (PPE) while administering medications via (by way of) gastrostomy tube. There was no enhanced barrier precaution signage on the resident's door.</p> <p>3. Review of the medical record revealed Resident #42 was admitted to the facility on [DATE], with diagnoses of Hemiplegia, Gastrostomy, Depression, Heart Failure, Dementia, and Dysphagia.</p> <p>(continued on next page)</p>		

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<p>F 0880</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Some</p>	<p>Review of the May 2024 Physician Orders revealed, . Jevity 1.5 Cal .G [Gastrostomy] -tube .</p> <p>Observations in Resident #42's room on 6/4/2024 at 3:18 PM, 6/5/2024 at 8:10 AM and on 6/6/2024 at 9:14 AM, revealed there was no enhanced barrier precaution signage on the resident's door.</p> <p>4. Review of the medical record revealed Resident #51 was admitted on [DATE], with diagnoses of Hypertension, Diabetes, Peripheral Vascular Disease, Anxiety, Depression and Lymphedema.</p> <p>Review of the May 2024 Physician Orders revealed, a wound, .Left Posterior Thigh .</p> <p>Observations in Resident #51's room on 6/3/2024 at 4:06 PM, 6/5/2024 at 8:16 AM and on 6/6/2024 at 8:48 AM, revealed there was no enhanced barrier precaution signage on the resident's door.</p> <p>5. Review of the medical record revealed Resident #66 was admitted to the facility on [DATE], with diagnoses of Alzheimer's, Dementia, Muscle Weakness, and Psychological Disturbances.</p> <p>Review of the May 2024 Physician Orders revealed, .Coccyx: Clean area with Normal saline .One Time Daily . Every .Day .</p> <p>Observations in Resident #66's room on 6/5/2024 at 9:54 AM, revealed there was no enhanced barrier precaution signage on the resident's door.</p> <p>7. Review of the medical record review revealed Resident #78 was admitted to the facility on [DATE], with diagnoses of Hemiplegia and hemiparesis following Cerebral Infarction, Diabetes, Parkinson's disease, Alzheimer's disease, Gastrostomy, and Dysphagia.</p> <p>Review of the May 2024 Physician Orders revealed, .Glucerna 1.5 Cal . continuous .G-tube .</p> <p>Observations in Resident #78's room on 6/3/2024 at 10:17 AM, 6/4/2024 at 3:24 PM, 6/5/2024 at 8:14 AM and 6/6/2024 at 9:19 AM revealed there was no signage for enhanced barriers precautions on the resident's door.</p> <p>8. Review of the medical record revealed Resident #134 was admitted to the facility on [DATE], with diagnoses of Diabetes, Hydrocephalus, Nontraumatic subarachnoid hemorrhage, Tracheostomy, Dysphagia and Gastrostomy.</p> <p>Review of the May 2024 Physician Orders revealed, .Jevity 1.5 .Enteral .Continuous .G-Tube Site Care .One Time Daily .Tracheostomy cannula care .Change Disposable inner cannula .Every .Day .</p> <p>Observation in Resident #134's room on 6/5/2024 at 10:49 AM, revealed LPN E performed medication administration via peg tube on Resident #134, and failed to wear proper PPE. There was no enhanced barrier signage noted on the resident's door, and the only PPE worn by LPN E was gloves.</p> <p>Observation on 6/5/2024 at 2:59 PM, revealed LPN E performed trach care on Resident #134 and failed to wear proper PPE. There was no enhanced barrier signage noted on the resident's door, and the only PPE worn by LPN E was gloves.</p> <p>(continued on next page)</p>		

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<p>F 0880</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Some</p>	<p>During an interview on 6/6/2024 at 11:32 AM, the Director of Nursing (DON) was asked does the facility have anyone in isolation, or enhanced barriers precautions. The DON stated, .we do enhance barrier on our .wounds .trachs [tracheostomy] .foley . The DON confirmed staff should wear gloves and gowns when providing wound and trach care. The DON was asked how the staff know if a resident is on enhanced barriers precautions. The DON stated, . there will be enhanced barriers signs up . The DON confirmed Resident's #4, #42, #51, #66, #78 and #134 did not have enhanced barrier precautions signage on their door.</p> <p>9. Review of the medical record revealed that Resident #63 was admitted to the facility on [DATE], with diagnoses Malnutrition, Acute Kidney Failure, Hypertension, Cerebral Infarction, and Rheumatoid Arthritis.</p> <p>Review of the Care Plan dated 2/21/2024, revealed .has self-care deficits R/T [related to] eating, hygiene . will be assisted with ADL's .Toileting .Provide assistance as needed .Provide hygiene after voiding .Allow resident to keep urinal on overbed table for resident's convenience and safety .</p> <p>Observation in the resident's room on 6/3/2024 at 12:01 PM, CNA F entered the resident's room to deliver his plate of lunch. Resident #6 asked CNA #F to empty his urinal that was sitting on his overbed table. CNA F informed resident that he would have to wait until all residents were served lunch. CNA F placed the resident's plate of food on the overbed table next to the urinal with 300 milliliters of urine.</p> <p>Observation in the resident's room on 6/3/2024 at 12:19 PM, revealed Resident #63's urinal containing urine was noted on the overbed table as resident was eating his lunch.</p> <p>During an interview on 6/6/2024 at 10:56 AM, the DON was asked what a staff should do when a resident requests them to empty a urinal when a plate is being delivered during dining. The DON confirmed that the staff should place the plate in a clean location, empty the urinal, and perform hand hygiene.</p>		