STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	445437	A. Building B. Wing	06/08/2026

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Weakley Rehabilitation and Nursing Center	700 Weakley County Nursing Home Road Po Box 787 Dresden, TN 38225

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 0695 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Provide safe and appropriate respiratory care for a resident when needed. **NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** Based onˆmedical record review, hospital records review, and interview,ˆthe facility failed to implement a physician's order for a Bilevel Positive Airway Pressure (BIPAP) (a compact, non-invasive ventilator that assists with breathing by delivering pressurized air through a mask) for 1ˆof 3ˆ(Resident #1)ˆresidentsˆreviewed for respiratory care. The findings include:ˆ Review of the [named hospital] AFTER VISIT SUMMARY dated 2/10/2026, revealed Discharge Orders to SNF .BIPAP with settings of F102 [Fraction of inspired oxygen (FiO2) is the percentage or concentration of oxygen in the air mixture that a person inhales] .IPAP [Inspiratory Positive Airway Pressure is the higher pressure applied during inhalation] 25, EPAP [Expiratory Positive Airway Pressure is the lower pressure applied during expiration] 8 . Review of the medical record revealed Resident #1 was admitted to the facility on [DATE], with diagnoses including Pneumonia, Chronic Obstructive Pulmonary Disease, Emphysema, Obstructive Sleep Apnea, Sepsis, and Dementia. Review of the Baseline Care Plan dated 2/12/2026, revealed Special Treatments, Procedures, and Programs BiPAP/ CPAP [Continuous Positive Airway Pressure] while a resident was not selected. Review of the facility's Order Summary Report dated 2/12/2026, revealed there was no order for the use of a BIPAP for Resident #1. Review of the Medication Administration Record dated February 2026, revealed Resident #1 was not scheduled for the use of a BiPAP. The facility failed to initiateˆaˆphysician's orderˆforˆthe use of a BIPAP or obtain an order for the use of a CPAP machine. During an interview on 5/18/2026 at 2:14 PM, the Director of Nursing (DON) stated, .the order for the CPAP machine was not put in as an order and therefore it would not have shown up on the Physician Orders or the Medication Administration Record.the orders should have been changed to CPAP by the discharge nurse at the hospital .the wife stated she was told by the hospital discharge nurse during discharge the resident could use his personal CPAP machine .she brought the CPAP machine to the facility the day prior to his arrival to the facility .the discharge orders were not changed to reflect the CPAP machine use nor was it clarified by our nurses when the wife brought the CPAP machine to the facility the day before . During a telephone interview on 5/19/2026 at 1:50 PM, the Physician's Assistant stated .I was not notified by the staff to clarify orders for a CPAP machine.I thought he had a BIPAP machine.I should have been notified if there was an order change, if clarification was needed or notified there was not an order for the CPAP . During a telephone interview on 6/5/2026 at 1:00 PM, DON stated .We failed to put the order in for the CPAP.there is no order for it.and there should have been clarification when we reconciled the discharge orders .we should have called the doctor to clarify the BIPAP order and got the orders clarified . PAST NON-COMPLIANCE VERIFICATION A facility document non titled self-imposed action plan signed 2/20/26, was implemented on 2/16/26 and completed on 2/17/26 with ongoing monitoring to ensure compliance. This concludes the action plan and any potential citation associated with this action plan should be considered past noncompliance as of 02/18/26. 1) What corrective actions will be accomplished for those residents found to have been affected by the deficient practice. [Resident #1] transferred to emergency room 2/14/2026 at 8:30 AM. 2/16/26- Provider notified of transcription error for Bilevel Positive Airway Pressure (BiPAP) order by Director of Nursing (DON). 2) How will the facility identify other residents having the potential to be affected (continued on next page)

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE	TITLE	(X6) DATE

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F 0695 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	by the same deficient practice: All new admission/readmissions are at risk for the deficient practice; no other residents were identified or affected. On 2/16/26, all admissions/readmissions for previous 60 days were reviewed by DON/designee to ensure all hospital discharge orders were transcribed from the depart to the current EMR [Electronic Medical Record] to include BIPAP. 2/17/26 - Whole house audit of all resident rooms was completed by DON/designee to ensure no resident has BIPAP in room without a physician's order. No other issues were found. 3) What measures will be put into place or what systemic changes you will make to ensure that the deficient practice does not occur: 2/16/26 - Regional Clinical Director educated DON, Assistant Director of Nursing (ADON), and all other members of nursing administration on the requirement to ensure that one nurse is utilized to verify orders with the orders are placed in Point Click Care (PCC) queue. The second nurse will validate that the orders match the orders in the discharge summary and have been correctly transcribed into the EMR (Electronic Medical Record). The nursing administration team will review the admission orders in morning clinical meeting Monday through Friday to provide a final check for accuracy in transcription. 2/16/26 - all nurses were educated by the DON/designee on the requirement to have a second nurse verify that orders from the hospital discharge summary are all transcribed to the EMR for all new admissions and readmissions. All newly hired nurses will be educated by the DON/Designee on the verification process. 4) How will the facility monitor its corrective actions to ensure the deficient practice will not recur: DON/designee will review all new admissions/readmission orders 5x weekly x 4 weeks to ensure that all orders from the hospital discharge summary are transcribed to the facility EMR. Result of audits will be reported to and reviewed by Quality Assurance Process Improvement (QAPI) committee and will continue at the discretion of the committee. The surveyor verified the above corrective actions had been implemented by the facility; through record review, interview, in-service, audits and QAPI review. The facility will audit 5 admissions/readmissions per month for 6 months or until compliance is met and sustained. The process of a second nurse reviewing admission/readmission orders then the orders being reviewed in the morning clinical meeting, to validate that the orders were transcribed correctly, will be ongoing. The facility was cited at past noncompliance.