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	09/10/2025

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

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F 0692 Level of Harm - Actual harm Residents Affected - Few	Provide enough food/fluids to maintain a resident's health. **NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** Based on policy review, medical record review, and interview, the facility failed to ensure residents maintained acceptable parameters of nutritional status and implement nutritional interventions for 1 of 4 (Resident #38) sampled residents reviewed for weight loss. This resulted in an actual Harm when the facility failed to implement interventions following a significant weight loss for Resident #38 resulting in another significant weight loss 29 days later. The findings include: 1. Review of the facility policy titled, Nutrition (Impaired)/Unplanned Weight Loss-Clinical Protocol, revised September 2012, revealed .The threshold for significant unplanned and undesired weight loss will be based on the following criteria.1month - 5% [percent] weight loss is significant; greater than 5% is severe.3 months - 7.5% weight loss is significant; greater that 7.5% is severe.6 months- 10% weight loss is significant; greater than 10% is severe.staff will closely monitor residents who have been identified as having impaired nutrition or risk factors for developing impaired nutrition. Such monitoring may include .Evaluating the care plan to determine if the interventions are being implemented and whether they are effective in attaining the established nutritional and weight goals.Monitoring is also required for residents whose current nutritional status is stable.Observing for and documenting any sustained decline in appetite and/or food intake;.Observing for and reporting significant weight gain or loss . 2. Review of the medical record revealed Resident #38 was admitted to the facility on [DATE], with diagnoses including Vascular Dementia, Anxiety, Anemia, Depression, and Gastro-Esophageal Reflux Disease. Review of the Care Plan for Resident #38 dated 6/28/2025, revealed .has nutritional problems or potential nutritional problem.Monitor/record/report to MD [Medical Doctor] PRN [as needed] s/sx [signs/symptoms] of malnutrition.significant weight loss: 3lbs [pounds] in 1 week, > [greater than] 5% in 1 month, >7.5% in 3 months, >10% in 6 months.Monitor: intake, weight, skin, labs, medication, diet tolerance and hydration status.Nursing will inform MD/family/POA [Power of Attorney] of significant weight changes. Provide and serve supplements as ordered.Provide, serve diet as ordered. Monitor intake and record q [every] meal.RD [Registered Dietician] to evaluate and make diet change recommendations PRN. On 7/4/2025, Resident #38 weighed 120.8 lbs. Review of the quarterly Minimum Data Set (MDS) assessment dated [DATE], revealed a Brief Interview for Mental Status (BIMS) score of 4, which indicated Resident #38 was severely cognitively impaired and required substantial/maximum assistance of staff with meals. On 8/6/2025 Resident #38 weighed 112.8 lbs., a severe weight loss of 6.6% in one month. Review of the Nutrition/Hydration Status (Dietitian) assessment dated [DATE], revealed .current weight (lbs.) 112.8.CBW [Current Body Weight].BMI [Body Mass Index] is below WNL [Within Normal Limits].IBW [Ideal Body Weight] 149-180 . Interventions: Recommend house supplement BID d/t [due to] weight loss .Obtain weight weekly and monitor trends. Review of the [Named Facility] order review history report dated 8/9/2025-9/9/2025 revealed there was no order for house supplements or weekly weights. The facility failed to follow RD recommendations for weekly weights and failed to implement nutritional interventions in August 2025 for the severe weight loss. On 9/4/2025, Resident #38 weighed 102 lbs, a severe weight loss of 9.5%. Review of the Weight Change Note dated 9/9/2025 at 5:10 PM, revealed Significant weight loss change: -5.0% change [Comparison Weight 8/6/2025, 112.8 Lbs, -9.6%, -10.8 (continued on next page)

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 0692 Level of Harm - Actual harm Residents Affected - Few	Lbs] -7.5% change [Comparison Weight 7/4/2025, 120.8 Lbs, -15.6% , -18.8 Lbs] -10.0% change [Comparison Weight 4/4/2025, 122.0 Lbs, -16.4% , -20.0 Lbs] Recommend 200ml house supplement TID,[Three times daily] and weekly weight monitoring. During an interview on 9/9/2025 at 3:35 PM, Registered Dietitian (RD) #1 acknowledged the Director of Nursing (DON) notified her of Resident #38's August weight. RD #1 stated RD #2 was completing assessments for the facility the day of the notification and RD #2 was notified of the weight loss. RD #1 acknowledged that recommendations for house shakes and weekly weights were made on 8/8/2025. RD #1 was asked were the recommendations followed. RD #1 stated, I'm not seeing the actual order for the supplement in the chart.she does not have weekly weights. I'm really surprised they did not accept this supplement order. RD #1 stated Resident #38's next weight was on 9/4/2025, the weight was 102.0 lbs, which was a significant weight loss. RD #1 was asked were you notified of the 9/4/2025 weight. RD #1 stated No. RD #1 acknowledged that she should have been notified of Resident #38's severe weight loss on 9/4/2025. During a telephone interview on 9/10/2025 at 11:58 AM, RD #2 stated she was notified of Resident #38's 8/6/2025 significant weight loss and recommended house shakes and weekly weights. RD #2 acknowledged there was no documentation in the record that the supplement was given or that weekly weights were obtained. RD #2 confirmed Resident #38 had another severe weight loss on 9/4/2025. During a telephone interview on 9/10/2025 at 2:08 PM, the Medical Director acknowledged she was notified of the 8/6/2025 weight loss but was not notified of the 9/4/2025 weight loss. During a telephone interview on 9/10/2025 at 2:15 PM, the Nurse Practitioner (NP) revealed that she could not recall if she was notified or not of Resident #38's weight loss. The NP stated that the facility does not call them on a week to week basis related to weight loss and she sees resident weights when she makes rounds monthly. The NP confirmed that she had not seen Resident #38 since July. During a telephone interview on 9/10/2025 at 2:32 PM, the Assistant Director of Nursing (ADON) confirmed that the DON should notify the physician of weight loss. The ADON stated staff meets weekly to discuss weight loss and any interventions that should be put in place. The ADON stated the facility can write an order for a house supplement and weekly weight without contacting the physician. The ADON stated that Resident #38 would have an order if she was receiving house supplement and weekly weights. During an interview on 9/10/2025 at 3:42 PM, the Administrator stated that the DON is in charge of the weight loss program, and the Physician should be notified of significant weight loss.

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(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (Each deficiency must be preceded by full regulatory or LSC identifying information)
F 0812 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Some	Procure food from sources approved or considered satisfactory and store, prepare, distribute and serve food in accordance with professional standards. Based on policy review, facility documentation review, observation, and interview, the facility failed to ensure food was served under sanitary conditions when the dishwasher did not meet the sanitary temperature requirement of 180 degrees Fahrenheit (F), and when staff failed to accurately complete the dishwasher temperature logs for 48 of 51 residents receiving meal trays.^ The findings include: 1. Review of the facility policy titled, Sanitization, revised 10/2008, revealed .The food service area shall be maintained in a clean and sanitary manner.Dishwashing machines must be operated using the followings specifications.High- Temperatures Dishwasher (Heat Sanitization).Wash temperature (150-165 F) for at least forty-five (45) seconds.Rinse temperature (165-180 F) for at least twelve (12) seconds. 2. Review of the Dishwasher Temperature Chart dated 6/2025, revealed the facility failed to monitor and document dishwasher temperatures at a sanitary degree for wash and final rinse for the following dates: a. 6/27/2025 noon temperature b. 6/28/2025 evening temperature c. 6/29/2025 evening temperature d. 6/30/2025 evening temperature e. 6/31/2025 evening temperature 3. Review of the Dishwasher Temperature Chart dated 7/2025, revealed the facility failed to monitor and document dishwasher temperatures at a sanitary degree for wash and final rinse. The following dates were not documented. a. 7/24/2025 noon and evening temperature b. 7/25/2025 noon and evening temperature c. 7/26/2025 noon temperature d. 7/27/2025 noon evening temperature e. 7/28/2025 noon and evening temperature f. 7/29/2025 noon and evening temperature g. 7/30/2025 noon temperature h. 7/31/2025 noon temperature 4. Review of the Dishwasher Temperature Chart dated 8/2025, revealed the facility failed to monitor and document dishwasher temperatures at a sanitary degree for wash and final rinse. The following dates were not documented. a. 8/15/2025 morning temperature b. 8/16/2025 morning temperature c. 8/19/2025 morning and noon temperature d. 8/20/2025 morning, noon and evening temperature e. 8/21/2025 morning and evening temperature f. 8/22/2025 noon temperature g. 8/24/2025 morning and noon temperature h. 8/25/2025 evening temperature i. 8/26/2025 noon and evening temperature j. 8/27/2025 noon temperature k. 8/31/2025 noon temperature During an observation and interview on 9/8/2025 starting at 2:35 PM, Dietary [NAME] I pushed the meal cart containing trays from droplet precautions rooms, from the hallway to the kitchen. Dietary Aide J removed all items from the meal cart, and placed the soiled trays, cups, and serving utensils on the dish room counter. Dietary Aide K placed the soiled trays, cups, and serving utensils on separate dishwasher racks and placed them in the dishwasher. Dietary [NAME] I confirmed the final rinse temperature was 176 degrees F. The Dietary Manager stated that the dishwasher was a high temp dishwasher with sanitizing solution as a back up. Dietary [NAME] I was asked to perform a sanitation test of the dishwasher. The Dietary Manager acknowledged that the facility was out of sanitation testing strips for the dishwasher. During an interview on 9/8/2025 at 3:17 PM, the Director of Nursing (DON) confirmed the dishwasher was not temping correctly and the facility should have sanitation testing supplies to ensure the proper sanitation of dinnerware and utensils.

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F 0880 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Some	Provide and implement an infection prevention and control program. **NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 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 when 5 of 10 staff (Certified Nursing Assistant (CNA) D, E, F, Housekeeping Aide G and H) failed to donn (put on) and doff (remove) proper Personal Protective Equipment (PPE) and perform hand hygiene for 4 of 21 (Residents #11, #12, #19 and #28) residents in droplet precautions and when 1 of 4 staff (Licensed Practical Nurse (LPN) C) failed to sanitize reusable equipment during medication administration. The findings include: 1. Review of the facility policy titled, Coronavirus Disease (COVID-19) Infection Prevention and Control Measures, dated 4/29/2024, revealed .The facility follows infection prevention and control (IPC) practices recommended by the Centers for Disease Control and Prevention to prevent the transmission of COVID-19 within the facility.These measures include: ensuring everyone is aware of recommended IPC practices in the facility.implementing source control measures.implementing universal use of PPE for staff. Review of the facility policy titled, Handwashing/Hand Hygiene, dated 10/2024, revealed .This facility considers hand hygiene the primary means to prevent the spread of healthcare-associated infections .All personnel are expected to adhere to hand hygiene policies and practices .Hand hygiene is indicated .after touching a resident .after touching the resident's environment .immediately after glove removal .Single-use disposable gloves should be used .when in contact with a resident, or the equipment or environment of a resident, who is on contact precautions . Review of the Droplet Precautions signage revealed .Prior to entering the room.Clean Hands, Mask, Eye Protection or mask with eye protection.Clean hands prior to donning personal protective equipment (PPE), Wear mask over mouth and nose and eye protection.PPE Removal.should be removed before exiting patient room or care area, clean hands prior to removing mask and eye protection.clean hands again after removal of PPE. Review of the facility policy titled, Infection Control Guidelines., dated 12/29/2020, revealed .Transmission Based Precautions will be used whenever measure are more stringent than Standard Precautions are needed to prevent the spread of infection.Wear personal protective equipment as necessary to prevent exposure to.body fluids or other potentially infectious materials. Review of the undated facility policy titled, Cleaning and Disinfection of Resident-Care Items., revealed .Resident-care equipment, including reusable items.will be cleaned and disinfected.Reusable items are cleaned and disinfected or sterilized between residents. 2. Random observation and interview on 9/8/2025 at 8:55 AM, Housekeeping Aide G exited Resident #16's room wearing an isolation gown and gloves. Housekeeping Aide G entered the clean linen storage room with soiled gloves and obtained linens. Housekeeping Aide G stated staff should not enter the clean linen storage room with soiled gloves. 3. Review of the medical record revealed Resident #11 was admitted to the facility on [DATE] with diagnoses including Alzheimer's Disease, Diabetes, Anxiety, Parkinson's Disease, and Covid. Observation during dining on 9/8/2025 at 12:38 PM, revealed CNA D exited Resident #11's room while wearing an isolation gown and soiled gloves, and returned the resident's meal tray to the meal cart in the hallway. 4. Review of the medical record revealed Resident #12 was admitted to the facility on [DATE], with diagnoses including Dementia, COVID-19, and Diabetes. During an observation and interview on 9/8/2025 at 11:05 AM, Housekeeping Aide H entered Resident #12's droplet precaution room without an N-95 mask, goggles and/or face shield. Housekeeping Aide H acknowledged that she was not wearing an N-95 mask. Observation during dining on 9/8/2025 at 12:12 PM, CNA F entered Resident #12's room to collect resident's tray without donning a gown, gloves, and N-95 mask. CNA F did not perform hand hygiene after exiting the resident's room. During an interview on 9/8/2025 at 12:18 PM, CNA F stated that staff should wear PPE including a gown, gloves, and a N-95 mask prior to entering a resident's room in droplet precautions. 4. Review of the medical record revealed Resident #19 was admitted to the facility on [DATE], with diagnoses including Dementia, Congestive Heart Failure, Hypertension, and Covid-19. (continued on next page)

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F 0880 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Some	Observation during dining on 9/8/2025 at 12:34 PM, revealed CNA D exited Resident #19's room while wearing an isolation gown and soiled gloves and returned the resident's meal tray to the meal cart in the hallway. CNA D then returned to the resident's room to remove the gown and gloves. 5. Review of the medical record revealed Resident #28 was admitted to the facility on [DATE], with diagnoses including Dementia, COVID-19, and Malnutrition. Observation during dining on 9/8/2025 at 11:30 AM, CNA F entered Resident #28's droplet precaution room without donning a gown, gloves, and N-95 mask. During a telephone interview on 9/8/2025 at 3:17 PM, the Director of Nursing (DON) stated that all staff should wear appropriate PPE of gown, gloves, and a N-95 mask prior to entering a COVID-19 positive resident's room and staff should remove and perform hand hygiene prior to exiting the resident's room. During an interview on 9/10/2025 at 3:35 PM, the Director of Clinical Services stated that staff should wear the proper PPE and perform hand hygiene prior to entering and exiting COVID-19 positive resident's rooms.

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F 0757 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Ensure each resident?s drug regimen must be free from unnecessary drugs. **NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** Based on policy review, medical record review, and interview, the facility failed to ensure medication monitoring related to the use of an antipsychotic (a type of medication used to treat psychiatric conditions) medication for 1 of 5 (Resident #8) sampled residents reviewed for unnecessary medications. The findings include: 1.Review of the facility policy titled, Psychotropic Medication Use, dated 7/2022, revealed .Psychotropic medication management includes.adequate monitoring for efficacy and adverse consequences.preventing, identifying and responding to adverse consequences.Residents receiving psychotropic medication are monitored/assessed for adverse consequences. Review of the facility policy titled, Behavioral Assessment, Intervention and Monitoring, dated 3/2019, revealed .will monitor for side effects and complications related to psychoactive medications. 2.Review of the medical record revealed Resident #8 was admitted on [DATE], with diagnoses including Traumatic Brain Injury, Dementia, Anxiety, and Psychosis. Review of the Physicians Order dated 7/25/2025, revealed OLANZapine [used to treat mood disorders] Oral Tablet 5 MG [milligrams] (Olanzapine) Give 5 mg by mouth at bedtime. Review of the Medication Administration Record (MAR) dated 7/25/2025 through 9/10/2025, revealed Resident #8 had no monitoring for antipsychotic medication. Reviews of the MAR dated 7/25/2025 through 9/10/2025, revealed Olanzapine was administered as ordered. Review of the admission Minimal Data Set (MDS) dated [DATE], revealed a Brief Interview of Mental Status (BIMS) score of 15, which indicated Resident #8 was cognitively intact, and received an antipsychotic medication. During an interview on 9/10/2025 at 10:57 AM, the Administrator in Training (AIT)/ Registered Nurse (RN) confirmed Resident #8 had an order for Olanzapine and monitoring should have been completed

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F 0761 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Ensure drugs and biologicals used in the facility are labeled in accordance with currently accepted professional principles; and all drugs and biologicals must be stored in locked compartments, separately locked, compartments for controlled drugs. **NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** Based on policy review, medical record review, observation, and interview, the facility failed to ensure medications were properly stored when medications were found unsecured and unattended in 2 of 51 (Resident #4 and Resident #34) resident rooms and when 2 of 5 (Licensed Practical Nurse (LPN) B and C) staff left medications unsecure and unattended on 2 of 6 (North Hall Cart and South Hall Cart) medication storage carts. The findings include: 1.Review of the facility policy titled, Storage of Medication, revised 4/2019, revealed .The facility stores all drugs and biologicals in a safe, secure, and orderly manner.The nursing staff is responsible for maintaining medication storage and preparation areas in a clean, safe, sanitary manner.Compartments (including, but not limited to, drawers, cabinets .carts) containing drugs and biologicals are locked while in use .Unlocked medication carts are not left unattended . 2.Review of the medical record revealed Resident #4 was admitted to the facility on [DATE], with diagnoses including Intracranial Injury, Dementia, Anxiety, Dry Eye, and Allergic Rhinitis. Review of the quarterly Minimum Data Set (MDS) assessment dated [DATE], revealed a Brief Interview for Mental Status (BIMS) was not conducted due to Resident #4 was severely cognitively impaired. Observations in Resident #4's room on 9/8/2025 at 8:53 AM, 9:48 AM, 10:01 AM, and 11:02 AM, revealed a nasal spray and a bottle of eye drops on Resident #4's bedside table. During an observation and interview in Resident #4's room on 9/8/2025 at 11:03 AM, Registered Nurse (RN) A was shown the nasal spray and eye drops on Resident #4's bedside table. RN A stated that medication should not be left at bedside unsecured and unattended. Observation during medication administration on 9/10/2025 at 9:55 AM, LPN C prepared Resident #4's medications and placed a medication cup of Valproic Acid (used to treat seizures) 250 milligram (mg)/5 milliliters (ml) 10 ml on top of the North Hall cart and walked away leaving the medication unsecure and unattended on the North Hall med cart. During an interview on 9/10/2025 at 10:04 AM, LPN C confirmed meds should not be left out unattended and unsecure on the med cart. During an interview on 9/10/2024 at 10:57 AM, the Administrator in Training (AIT)/ RN confirmed that medications should not be left in the resident's room at bedside unsecured and unattended. 3. Review of the medical record revealed Resident #34 was admitted to the facility on [DATE], with diagnoses including Alzheimer's Disease, Chronic Obstructive Pulmonary Disease, and Heart Failure. Review of the quarterly MDS assessment dated [DATE], revealed a BIMS score of 11, which indicated Resident #34 was moderately cognitively impaired and required moderate assistance with activities of daily living. Review of the Physician's Order dated 9/9/2025, revealed Flonase Allergy Relief [used to treat congestion] Nasal Suspension .1 spray in each nostril every 12 hours as needed . Random observation on 9/9/2025 at 7:30 AM, Resident #34 was ambulating down the hall with a walker, and a bottle of Flonase nasal spray was on her walker. During an observation and interview in Resident #34's room [ROOM NUMBER]/9/2025 at 7:40 AM, the resident was sitting on the bedside with her walker in front of her. The Flonase nasal spray was on the front of her walker. The resident confirmed that the nasal spray was hers and she keeps it at bedside. During an interview on 9/9/2025 at 10:00 AM, the Administrator acknowledged that the Resident #34 did not have a self-administration assessment and confirmed medications should not be at bedside. 4. Random observation and interview on 9/9/2025 at 8:08 AM, a medication cup with 5 pills was unattended and unsecure on the top of the South Hall medication cart. LPN B stated that medications should not be left unsecure and unattended on the med cart. During an interview on 9/10/2025 at 4:34 PM, the Director of Clinical Services stated medications should not be left unsecure or unattended.