

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 445440	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 08/27/2025
NAME OF PROVIDER OR SUPPLIER Gallaway Health and Rehab		STREET ADDRESS, CITY, STATE, ZIP CODE 435 Old Brownsville Rd Gallaway, TN 38036	

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 0600</p> <p>Level of Harm - Immediate jeopardy to resident health or safety</p> <p>Residents Affected - Few</p>	<p>Protect each resident from all types of abuse such as physical, mental, sexual abuse, physical punishment, and neglect by anybody.</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

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 445440	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 08/27/2025
NAME OF PROVIDER OR SUPPLIER Gallaway Health and Rehab		STREET ADDRESS, CITY, STATE, ZIP CODE 435 Old Brownsville Rd Gallaway, TN 38036	
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 0600</p> <p>Level of Harm - Immediate jeopardy to resident health or safety</p> <p>Residents Affected - Few</p>	<p>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** Based on facility policy review, medical record review, email correspondence review, observation, and interview, the facility failed to protect the residents' right to be free from neglect for 3 of 14 (Resident #6, Resident #1, and Resident #12) sampled residents reviewed for abuse and neglect. Resident #6, a vulnerable, cognitively impaired, totally dependent resident who required enteral feeding (method of delivering nutrition directly into the gastrointestinal tract) for nutrition was reviewed for neglect. On 3/20/2025, the nurse documented Resident #6 had a tear on the side of the feeding port of the percutaneous endoscopic gastrostomy (PEG) tube which caused leakage of the feeding onto the bed. Resident #6 did not receive a new PEG tube until 4/7/2025, 19 days after the tear was found, which allowed for leakage of the enteral nutrition for 19 days. Resident #6's weight was 137 pounds (lbs.) on 3/14/2025 and decreased to 117 lbs. on 4/3/2025. Resident #6 sustained a severe weight loss of 14.59 percent (%) in 20 days which delayed healing on her current Stage 3 pressure ulcer/injury (a deep wound that involves full-thickness tissue loss) on the Left Ischial Tuberosity (the bony prominence on the posterior bottom left part of the pelvis). Resident #6 was noted to have a new in-house acquired blister on 4/8/2025, on her right lower back. On 4/16/2025 a new Stage 2 pressure ulcer/injury (partial thickness skin loss involving the epidermis and or dermis) to her coccyx was identified. On 4/30/2025, a new Deep Tissue Injury (DTI) (a pressure-related injury to the soft tissue under the skin) on her left heel was identified. The Registered Dietician confirmed the tear in the feeding tube contributed to Resident #6's severe weight loss Resident #1, a vulnerable, cognitively impaired resident who required 2-person, mechanical lift assistance for transfers sustained a left, distal femur fracture (a break in the lower part of the left thigh bone, just above the knee joint) when staff transferred her without the use of the mechanical lift on 7/4/2025. Resident #1 had a prior improper transfer without the use of the mechanical lift which resulted in a toe fracture (broken bone). The Certified Nursing Assistant (CNA) found Resident #1 sitting in her wheelchair screaming with excruciating pain on 7/4/2025 and attempted to stand Resident #1 up to transfer her to the bed without notifying the nurse for evaluation of Resident #1's pain, which resulted in increased pain. The CNA then picked Resident #1 up and placed her in bed, without the use of the 2-person mechanical lift. The nurse's assessment completed after Resident #1 was placed in the bed revealed bruising and swelling of her left knee. An X-Ray was obtained which revealed Resident #1 had a left distal femur fracture. The facility's failures resulted in Immediate jeopardy for Resident #1 and Resident #6. The facility also neglected to maintain and provide the ordered enteral feeding as scheduled for Resident #12's continuous enteral feed on 8/20/2025. Immediate Jeopardy (IJ) (a situation in which the provider's noncompliance with one or more requirements of participation has caused, or is likely to cause, serious injury, harm, impairment, or death to a resident) was identified related to the facility's failure to provide necessary goods and services to Resident #1 and Resident #6. The Administrator and the Director of Nursing (DON) were notified of the Immediate Jeopardy (IJ) of F-600 on 8/14/2025 at 10:53 AM. An amended template for F-600 was given to the Administrator and the DON on 8/20/2025 at 11:53 AM, in the Conference Room. The facility was cited at F-600 at a scope and severity of J, which constitutes Substandard Quality of Care. A partial extended survey was conducted from 8/20/2025 through 8/22/2025. An acceptable Removal Plan, which removes the immediacy of the Jeopardy for F-600 was received on 8/22/2025. The Removal Plan was validated onsite by the surveyor on 8/22/2025 through audit review, medical record review, observation, review of education records, and staff interviews. The IJ began on 3/20/2025 and was removed on 8/23/2025. The facility's noncompliance at F-600 continues at a scope and severity of D for monitoring of the effectiveness of the corrective actions. The facility is required to submit a Plan of Correction. The findings include: 1.Review of the facility policy titled, Abuse Prevention Program F600, dated 8/2024 revealed, .Residents have the right to be free from abuse, neglect,resulting physical harm, pain.Abuse also includes the deprivation by an individual, including a caretaker, of goods and services that are necessary to attain or maintain, physical, mental or psychological well-being.Neglect means the failure of the facility, its employees or service providers to provide goods and services to a resident that are necessary to avoid physical harm, pain, mental anguish or emotional distress.The facility administration and employees are committed to protecting residents from abuse by anyone including, but not necessarily limited to, facility staff.Identification of occurrences and patterns of potential mistreatment/abuse.The reporting and filing of accurate documents relative to incidents of abuse The implementation of changes to prevent future</p>		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 445440	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 08/27/2025
NAME OF PROVIDER OR SUPPLIER Gallaway Health and Rehab		STREET ADDRESS, CITY, STATE, ZIP CODE 435 Old Brownsville Rd Gallaway, TN 38036	

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 0656</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Develop and implement a complete care plan that meets all the resident's needs, with timetables and actions that can be measured.</p> <p>(continued on next page)</p>

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 445440	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 08/27/2025
NAME OF PROVIDER OR SUPPLIER Gallaway Health and Rehab		STREET ADDRESS, CITY, STATE, ZIP CODE 435 Old Brownsville Rd Gallaway, TN 38036	
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 0656</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>**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 and implement a person-centered care plan for 1 of 3 (Resident #3) sampled residents reviewed. The findings include: 1. Review of the undated facility policy titled, KARDEX revealed, .the KARDEX is a vital section that outlines each resident's individualized daily care plan. It provides detailed instructions on various aspects of care, including the resident's daily activities.includes information on the resident's mobility.specific safety needs. and transfer methods.It notes whether the resident can ambulate independently. Review of the facility policy titled, F 656, F 657, F 658 Comprehensive Care Plans, with an effective date of 3/2025 revealed, .An individualized comprehensive person centered care plan that includes measurable objectives and time frames to meet the resident's medical, nursing, mental cultural and psychological needs is developed for each resident. Assessments of residents are ongoing and care plans are revised as information about the resident and the resident's condition change.Each resident's comprehensive care plan is designed to. Incorporate identified problem areas.The IDT [Interdisciplinary Team] will outline services in the comprehensive care plan that meet professional standards of quality or accepted standards of clinical practice. Review of the facility policy titled, Safe Lifting and Movement of Residents, with an effective date of 10/2024 revealed, .to protect the safety and well-being of staff and residents, and to promote quality care, this facility uses appropriate techniques and devices to lift and move residents.Manual lifting of residents shall be eliminated when feasible.Staff will document resident transferring and lifting needs in the care plan. assessment shall include.Resident's mobility.Weight-bearing ability.Cognitive status. 2.Review of the medical record revealed Resident #3 was admitted to the facility on [DATE], with diagnoses which included Chronic Obstructive Pulmonary Disease (COPD- group of lung diseases that make it difficult to breathe), Dementia, History of falling, Drug Induced Subacute Dyskinesia (disorder that causes involuntary movements), and Anxiety. Review of the Significant Change Minimum Data Set (MDS) assessment dated [DATE] revealed Resident #3 had a Brief Interview for Mental Status (BIMS) score of 5, which indicated severe cognitive impairment. Resident #3 was coded 1 dependent for all Functional Abilities which included eating, bathing, dressing, hygiene, and toileting. Resident #3 was dependent for all bed mobility and transfers. Review of the comprehensive care plan for Resident #3 dated 4/27/2025 revealed, .risk for falls r/t [related/to] confusion. Interventions.Anticipate and meet [Named Resident #3]'s needs.requires activities that minimize the potential for falls while providing diversion and distraction.Due to increased alertness staff to check resident at end of shift.Move all furniture out of room. Leave bed and mattress only.[Named Resident #3] has potential for respiratory complications r/t Emphysema [lung disease that damages the lungs and makes it difficult to breathe]/ COPD.Interventions.Head of bed to be elevated.or out of bed upright in a chair during episodes of difficulty breathing.Monitor/document for anxiety [worry, nervousness, restlessness, sleep disturbances]. [Named Resident #3] has potential.impairment to skin integrity r/t fragile skin, constant movement while awake.Interventions.Use caution during transfers and bed mobility.[Named Resident #3] has potential for acute/chronic pain r/t impaired physical status.Interventions.Monitor for and report to charge nurse s/s of pain-facial grimacing, moaning, groaning, resistive to movement. Review of the Skin and Wound Evaluation for Resident #3 dated 5/5/2025 revealed, .Skin Condition.Redness.Sacrum blanchable redness sacral area. no other new skin issues noted. Review of the Incident Report for Resident #3 dated 5/6/2025 at 8:50 AM revealed, .Bruise.CNA [Certified Nursing Assistant-] entered the room to provide care.observed bruises on the resident.front left lateral [outside] medial [inside] leg.inner [inside] left lateral [outside] knee.front left lateral leg.front of left lateral knee.front of the left lower leg.front of the right knee.right shin.right outer elbow. right shoulder.right cheek.left chin.left side of neck.left shoulder.left upper arm.left inner elbow.resident sent to ED [Emergency Department] for evaluation.police presence.Predisposing Physiological [related to the mind] Factors.Impaired Memory.Incontinent.Agitated/Anxious.Confused.Decreased safety awareness. Delusions.Hallucinations.Impulsive.Involuntary Movements.Receives Antipsychotics [Seroquel-rare, very low probability meaning most people will not experience the side effect of increased bruising].Predisposing Situation Factors.A cna [CNA BB] new to [Named Facility] assigned to resident last night [5/5/2025 to 5/6/2025]. Review of a Progress Note for Resident #3 dated 5/6/2025 at 9:58 AM revealed, .Resident [Resident #3] noted to have discoloration to right side of her face.Nodule noted right side forehead with discoloration l lnder left chin dark blackish looking discoloration quarter size both shoulders notes to have</p>		