

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 445442	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 05/01/2025
NAME OF PROVIDER OR SUPPLIER Ahc Crestview		STREET ADDRESS, CITY, STATE, ZIP CODE 704 Dupree Road Brownsville, TN 38012	

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 0644</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Coordinate assessments with the pre-admission screening and resident review program; and referring for services as needed.</p> <p>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 46252</p> <p>Based on the policy review, medical record review, and interview, the facility failed to resubmit a Preadmission Screening and Resident Review PASRR after the resident had the addition of a new antipsychotic medication for 1 (Resident #23) of 1 sampled resident reviewed for PASRR.</p> <p>The findings include:</p> <p>1. Review of the facility's policy titled, PASRR (Pre-Admission Screening & Resident Review, undated, revealed, .individuals identified with MD [mental disorder] or ID [intellectual disability] are evaluated and receive care and services in the most integrated setting appropriate to their needs .A positive PASRR Level 1 screen necessitates an in-depth evaluation of the individual .Known as a Level II PASRR .PASRR is a federal requirement to help ensure that individuals are not inappropriately placed in nursing homes for long term care. PASRR requires that 1) all applicants to a Medicaid-certified nursing facility be evaluated for serious mental illness (SMI) and/or intellectual disability; 2) be offered the most appropriate setting their needs (in the community, a nursing facility, or acute care settings); and 3) receive the services they need in those settings .</p> <p>2. Review of the medical record revealed Resident #23 was admitted to the facility on [DATE], and readmitted to the facility on [DATE], with diagnoses which included Bipolar Disorder (a mental health condition that causes extreme mood swings), Current Episode Depressed (a state of general unhappiness), Severe, Psychotic Features (loss of some contact with reality), Anxiety Disorder (excessive fear of or apprehension about real or perceived threats), Unspecified, and Other specified Depressive Episodes (depressed mood, feeling sad, irritable, empty).</p> <p>Review of the facility document titled, Level I Form Pre-Admission Screening and Resident Review, for Resident #23 dated 10/3/2021, revealed, .DIAGNOSIS .Schizophrenia (Current Diagnosis) .Schizoaffective Disorder (Current Diagnosis) .Major depression (Current Diagnosis) .Bipolar Disorder (manic depression) (Current Diagnosis) .Anxiety Disorder (Current Diagnosis) .Depression - mild or situational (Current Diagnosis) .PSYCHOTROPIC MEDICATIONS .Seroquel .Clonazepam .Paxil .Depakote .Abilify .A Level II evaluation is not required and this Level 1 is approved with a Level 1 No Status Change .Should there be an exacerbation related to mental illness .a status change should be submitted .for further evaluation .</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 0644</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Review of the facility document titled, Notice of PASRR Level 1 Screen Outcome, for Resident #23 dated 10/4/2021, revealed, .Your Level 1 screen .is accurate and remains active .Should you have a change in symptoms, diagnosis or medication related to a serious mental illness (SMI), intellectual/developmental disability (IDD), or related condition (RC) . a new Level 1 screen will need to be submitted.</p> <p>Review of the quarterly Minimum Data Set (MDS) dated [DATE], revealed Resident #23 had a Brief Interview for Mental Status (BIMS) score of 5 which indicated severe cognitive impairment. Active diagnoses Active diagnoses Anxiety Disorder, Depression, Bipolar Disorder, and Schizophrenia (schizoaffective and schizophreniform disorders). Medication received Antipsychotics.</p> <p>Review of the Care Plan for Resident #23 revised on 2/26/2025, revealed, .has aggressive behaviors r/t [related to] Depression and Bipolar Disorder .Can be inappropriate with female staff, visitors, and residents . taking Anti-Psychotic medications r/t Behavior management, Disease Process .Interventions .Administer Anti-Psychotic medications as ordered by physician. Monitor for side effects and effectiveness Q [every] - SHIFT .Initiated 12/17/2024 .</p> <p>Review of the quarterly MDS dated [DATE], revealed Resident #23 had a BIMS score of 6 which indicated severe cognitive impairment. Active diagnoses Anxiety Disorder, Depression, and Bipolar Disorder. Medications received Antipsychotic and Antianxiety.</p> <p>Review of the Medication Review Report for Resident #23 dated 4/11/2025, revealed, a medication order date of 8/7/2024, for Haloperidol 2 mg tablet give 2 tablets orally three times a day related to Bipolar Disorder Current Episode Depressed, Severe with Psychotic Features.</p> <p>Review of the medical record revealed no documentation that a PASRR had been resubmitted for Resident #23 after the addition of a new antipsychotic medication Haloperidol on 8/7/2024, for Bipolar Disorder Current Episode Depressed, Severe with Psychotic Features. Resident #23's last PASRR was dated 10/4/2021.</p> <p>During an interview on 4/29/2025 at 4:17 PM, the Admissions Coordinator stated in January 2025 she was responsible for resident PASRR's. The Admissions Coordinator was asked when a resident is put on a new psychotropic medication should a new PASRR be done? The Admissions Coordinator stated, That is what I have been told. The Admissions Coordinator was asked if Resident #23 had a PASRR completed since the one dated 10/4/2021? The Admissions Coordinator stated Not that I had seen. I have to do his [Resident #23]. There are quite a few that I am working on. The Admissions Coordinator was asked should a new PASRR have been completed prior to now for Resident #23? The Admissions Coordinator stated, Yes, Ma'am.</p>		

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<p>F 0677</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Provide care and assistance to perform activities of daily living for any resident who is unable.</p> <p>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 49311</p> <p>Based on facility policy review, medical record review, and interview, the facility failed to ensure Activities of Daily Living (ADL) assistance was provided related to showering for 1 of 1 (Resident #54) sampled residents reviewed for ADLs.</p> <p>The findings include:</p> <ol style="list-style-type: none"> 1. Review of the facility policy titled, Activities of Daily Living (ADL), Supporting, dated 2021, revealed . Residents who are unable to carry out activities of daily living independently will receive the services necessary to maintain good nutrition, grooming, and personal and oral hygiene .Appropriate care and services will be provided for residents who are unable to carry out ADLs independently .in accordance with the plan of care .including .assistance with .hygiene (bathing, dressing, grooming, and oral care . 2. Review of medical record revealed Resident #54 was admitted on [DATE] with diagnoses including Epilepsy, Diabetes, and Contracture of Left and Right Lower Legs. <p>Review of the annual Minimum Data Set (MDS) assessment dated [DATE], revealed a Brief Interview for Mental Status (BIMS) score of 15, which indicated Resident #54 was cognitively intact. Resident #54 required substantial/maximum assist with showers/baths.</p> <p>Review of the Care Plan dated 1/17/2024, revealed .updated 4/29/2025 .Resident prefers to take showers at HS [hour or sleep/bedtime] .Assist resident with showers at HS .Bathing Bath/Shower resident 3xweek/prn [as needed] as tolerated/desired alternating days with sponge baths if resident prefers. Date Initiated: 01/24/2025 .</p> <p>Review of Bathing Sheets for February 2025 revealed that Resident #54 did not receive a shower on any days in February.</p> <p>Review of Bathing Sheets for March 2025 revealed that Resident #54 did not receive a shower on any days in March.</p> <p>Review of Bathing Sheets for April 2025 revealed that Resident #54 did not receive a shower on any days in April.</p> <p>During an interview on 4/28/2025 at 10:17 AM, Resident #54 stated, I feel like they give other people care before me. Resident #54 was asked how often he gets showers. Resident #54 stated, I have been here for three years, and I have had one shower.</p> <p>During an interview on 4/29/2025 at 8:10 AM, Certified Nursing Assistant (CNA) A stated that 200 Hall odd rooms get showers on Tuesday, Thursday, and Saturday.</p> <p>During an interview on 5/1/2025 at 8:24 AM, the Director of Nursing (DON) was asked if a resident prefers showers and is care planned for showers 3 times a week, should the resident be getting showers 3 times a week. The DON stated, Yes ma'am.</p>		

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<p>F 0689</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Some</p>	<p>Ensure that a nursing home area is free from accident hazards and provides adequate supervision to prevent accidents.</p> <p>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 49269</p> <p>Based on policy review, Director of Maintenance job description, medical record review, observation, and interview, the facility failed to ensure the environment was free from accident hazards when elevated hot water temperatures were measured. On 4/28/2025 dangerous elevated hot water temperatures ranging from 128 degrees Fahrenheit (F) to 135 degrees Fahrenheit (F) were found in 6 of 76 (Resident #4, #15, #36, #58 #62, and #66) resident rooms, some with shared bathrooms.</p> <p>The findings include:</p> <p>1. Review of the facility policy titled, Water Temperatures, Safety of, dated 12/2024, revealed .Tap water in the facility shall be kept within a temperature range to prevent scalding of residents .Water heater that service resident rooms, bathrooms .shall be set to temperatures of no more than 115 degrees F .or the maximum allowable temperature per state regulation. Maintenance staff are responsible for checking thermostats and temperature controls in the facility and recording these checks in a maintenance log. Maintenance staff shall conduct periodic tap water checks and record the water temperatures in a safety log. If at any time water temperatures feel excessive to the touch (hot enough to be painful or cause reddening of the skin .) staff will report this finding to the immediate supervisor .</p> <p>Review of the undated Maintenance Director job description revealed .The primary purpose of your job position is to plan, organize, develop and direct the overall operation of the Maintenance Department in accordance with current federal, state, and local standards, guidelines, and regulations governing our facility, and as may be directed by the Administrator, to assure that our facility is maintained in a safe and comfortable manner .Ensure that supplies, equipment, etc are maintained to provide a safe and comfortable environment .</p> <p>2. Resident #4, #15, and #62 shared a bathroom.</p> <p>a. Review of the medical record revealed Resident #4 was admitted to the facility on [DATE], with diagnoses including Psychosis, Depression, Anxiety, and Atrial Fibrillation.</p> <p>Review of the annual Minimum Data Set (MDS) assessment dated [DATE], revealed a Brief Interview for Mental Status (BIMS) score of 5, which indicated Resident #4 was severely cognitively impaired. Resident was dependent on staff to perform ADLs.</p> <p>b. Review of the medical record revealed Resident #15 was admitted to the facility on [DATE], with diagnoses including Parkinson's Disease, Alzheimer's Disease, Anxiety, and Psychotic Disorders.</p> <p>Review of the quarterly MDS assessment dated [DATE], revealed a BIMS score of 00, which indicated Resident #15 was severely cognitively impaired.</p> <p>c. Review of the medical record revealed Resident #62 was admitted to the facility on [DATE], with diagnoses including Acute Respiratory Failure, Diabetes, Depression and Delusional Disorders.</p> <p>(continued on next page)</p>		

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<p>F 0689</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Some</p>	<p>Review of the quarterly MDS assessment dated [DATE], revealed a BIMS score of 5, which indicated Resident #62 was severely cognitively impaired. Resident was moderate assistance with toileting, supervision assistance needed for transfers, and dependent with bathing. Resident has wandering behaviors, and on oxygen.</p> <p>d. Observation in the Resident's shared bathroom on 4/28/2025 at 10:12 AM, the water temperature was checked using a calibrated thermometer with the temperature 134 degrees F.</p> <p>3. Residents #36, #58, and #66 shared a bathroom.</p> <p>a. Review of the medical record revealed Resident #36 was admitted to the facility on [DATE], with diagnoses including Dementia, Depression, Anxiety, and Cerebral Ischemia.</p> <p>Review of the quarterly MDS assessment dated [DATE] revealed a BIMS score of 4, which indicated Resident #36 was severely cognitively impaired. Resident was independent with ADLs and ambulating.</p> <p>b. Review of the medical record revealed Resident #58 was admitted to the facility on [DATE], with diagnoses including Dementia, Anxiety, Delusional Disorders, and Depression.</p> <p>Review of the quarterly MDS assessment dated [DATE], revealed a BIMS score of 3, which indicated Resident #58 was severely cognitively impaired. Resident was independent with toileting, transfers, and ambulation.</p> <p>c. Review of the medical record revealed Resident #66 was admitted to the facility on [DATE], with diagnoses including Dementia, Depression, and Hypertension.</p> <p>Review of the annual MDS assessment dated [DATE], revealed a BIMS score of 5 which indicated Resident #66 was severely cognitively impaired. Resident required supervision assistance of staff needed with toileting and ambulation.</p> <p>d. Observation in the Resident's shared bathroom on 4/28/2025 at 10:09 AM, the water temperature was checked using a calibrated thermometer with the water temperature 128 degrees F.</p> <p>4. Observation and interview on 4/28/2025 at 11:34 AM, the Maintenance Director performed a water temperature check with a digital thermometer of resident's shared bathrooms in the Memory Care Unit revealed the following:</p> <p>a. The temperature of Residents #36, #58, and #66's shared bathroom was 135 degrees F.</p> <p>b. The temperature of Residents # 4, #15, and #62 shared bathroom was 133 degrees F.</p> <p>c. The temperature of the boiler was set at 140 degrees F that feeds the 300 Hall and the Memory Care Unit rooms. The Maintenance Director did not confirm who turned the temperature up.</p> <p>5. The Maintenance Director confirmed that the water in the resident's shared bathrooms were too hot and the boiler should be set at 110-115 degrees F.</p> <p>(continued on next page)</p>		

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<p>F 0689</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Some</p>	<p>During an interview on 4/28/2025 at 12:09 PM, CNA H confirmed that the water was hot this morning when preparing bath water for a resident. CNA H confirmed that today was the first time she had noticed the hot water.</p> <p>Observation and interview on 4/28/2025 at 3:25 PM, the Maintenance Director confirmed that the boiler temperature was turned down to 122 degrees F.</p> <p>Review of the [named company] invoice dated 4/28/2025, revealed .system needs several check valves on system mixing valves need to rebuilt. Found shuttle in the main mixing valve to be stuck .able to adjust smaller mixing valve to hold 108 degrees [F] at rooms .</p> <p>During an interview on 4/28/2025 at 3:52 PM, the Maintenance Director confirmed that he was unable to provide documentation of water temperature checks from 4/7/2025 through 4/11/2025.</p> <p>During an interview on 4/29/2025 at 7:49 AM, the Administrator confirmed that water temperatures should be checked weekly and should be within appropriate range.</p> <p>There was no evidence the water had been hot prior to 4/28/2025, no evidence of burns, and the facility took immediate actions to correct the hot water temperatures.</p>		

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<p>F 0761</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>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.</p> <p>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 49311</p> <p>Based on policy review, medical record review, observation, and interview, the facility failed to ensure medications were properly stored and secured when medications were found unsecured and unattended in 3 of 57 (Residents #16, #57, and #281) resident occupied rooms and when expired medications were found in 1 of 8 (South 2 Medication Storage Room) Medication Storage Areas.</p> <p>The findings include:</p> <p>1. Review of the facility policy titled, Medication Labeling and Storage, dated 2001, revealed .The facility stores all medications and biologicals in locked compartments under proper temperature, humidity, and light controls. Only authorized personnel have access .multi-dose vials that are not opened or accessed are discarded according to the manufacturer's expiration date .</p> <p>2. Review of the medical revealed Resident #16 was admitted to the facility on [DATE], and readmitted [DATE], with diagnoses including Rash and other nonspecific Skin Eruption, Bipolar Disorder, Anxiety, Chronic Pain and Major Depressive Disorder.</p> <p>Review of the Medication Review Report dated 4/4/2025, revealed .Betamethasone Valerate External Cream [used to reduce redness and swelling of the skin] 0.1% [percent] .Hydrocortisone External Cream 2.5% [used to reduce redness and swelling of the skin] .</p> <p>Review of the annual Minimum Data Set (MDS) assessment dated [DATE], revealed a Brief Interview for Mental Status (BIMS) score of 15 which indicated Resident #16 was cognitively intact.</p> <p>During a random observation in the Resident's room on 4/28/2025 at 9:06 AM, revealed a clear medication cup with white cream in it and a tongue depressor in it.</p> <p>During an interview on 4/28/2025 at 9:53 AM, LPN F confirmed the medications in the cup were hydrocortisone cream and betamethasone. LPN F stated, .it should not be at the bedside, the treatment nurse leaves it .</p> <p>During an interview on 5/1/2025 at 8:24 AM, the Director of Nursing (DON) confirmed that medications should not be left at bedside unattended.</p> <p>3. Review of medical record revealed Resident #57 was admitted to the facility on [DATE], with diagnoses including End Stage Renal Disease, Hypertension, and Dependence on Renal Dialysis.</p> <p>Review of the admission MDS assessment dated [DATE], revealed a BIMS score of 15, which indicated Resident #57 was cognitively intact and was assessed for dialysis.</p> <p>During an observation in Resident #57's room on 4/28/2025 at 8:35 AM, revealed a clear medication cup with several pills in it. Resident grabbed them up and stated he was getting ready to go to dialysis.</p> <p>(continued on next page)</p>		

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<p>F 0761</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>During an interview on 4/28/2025 at 8:36 AM, LPN B was asked if Resident #57 was assessed to self-administer medications. LPN B stated, No he is not. LPN B confirmed that medications should not have been left in the Resident's room unsecured and unattended.</p> <p>4. Review of medical record revealed Resident #281 was admitted on [DATE], with diagnoses including Chronic Kidney Disease, Intestinal Obstruction, Diabetes, and Heart Failure.</p> <p>Review of the admission MDS assessment dated [DATE], revealed the assessment was still in progress.</p> <p>Review of Progress Note dated 4/23/2025, revealed .Skin/Wound Note .Head to toe skin assessment completed at this time. Resident has no skin issues at this time .</p> <p>Review of the April 2025 Physician Orders revealed Resident #281 did not have an order for any type of wound cream.</p> <p>Observations in Resident #281's room on 4/28/2025 at 8:31 AM and at 2:18 PM, revealed a tube of triad hydrophilic wound dressing cream laying on the bed.</p> <p>5. Observation in the South 2 Medication Storage Room on 4/29/2025 at 3:36 PM, revealed promethegan (medication to treat nausea and vomiting)12.5 mg (milligrams) suppositories with an expiration date of 12/2024.</p> <p>During an interview on 4/29/2025 at 3:38 PM, RN C confirmed expired medications should not be in the medication storage rooms.</p> <p>During an interview on 5/1/2025 at 8:24 AM, the DON confirmed that medications should not be left at bedside unattended. The DON confirmed that expired medications should not be left in medication storage areas.</p>		

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<p>F 0842</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Safeguard resident-identifiable information and/or maintain medical records on each resident that are in accordance with accepted professional standards.</p> <p>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 48285</p> <p>Based on facility policy review, medical record review, and interview, the facility failed to ensure the medical record was accurately documented related to antipsychotic medications for 2 of 5 (Resident #4 and #22) sampled residents reviewed for unnecessary medications.</p> <p>The findings include:</p> <ol style="list-style-type: none"> Review of the facility's policy titled, Physician's Services, dated 2/2025, revealed .The medical care of each resident is supervised by a licensed physician .Once a resident is admitted , orders for the resident's immediate care and needs can be provided by a physician .nurse practitioner .Supervising the medical care of the residents includes .overseeing a relevant plan of care for the resident . Review of the medical record revealed Resident #4 was admitted to the facility on [DATE], with diagnoses including Psychosis, Depression, Anxiety, and Atrial Fibrillation. <p>Review of the annual Minimum Data Set (MDS) assessment dated [DATE], revealed a Brief Interview for Mental Status (BIMS) score of 5, which indicated Resident #4 was severely cognitively impaired. Resident #4 was dependent on staff to perform Activities of Daily Living (ADLs). Resident #4 was taking antipsychotic, antianxiety, antidepressant, and anticonvulsant medications.</p> <p>Review of Physician's Order dated 11/7/2024, revealed Risperidone [an atypical antipsychotic medication used to treat mental health conditions] TAB [tablet] 0.5MG [milligram] .Give 1 tablet orally at bedtime related to delusional disorders .</p> <p>Review of the Physician's Order dated 1/6/2025, revealed RisperDAL [Brand name] Tablet 0.5 MG (risperiDONE [Generic name]) Give 1 tablet by mouth at bedtime .</p> <p>Review of the Medication Administration Record (MAR) dated 1/2025, revealed that Resident #4 received Risperdal 0.5mg and Risperidone 0.5mg on 1/6/2025 through 1/31/2025 at 9:00 PM, resulting in a duplication of the medication dosage.</p> <p>Review of the MAR dated 2/2025, revealed that Resident #4 received Risperdal 0.5mg and Risperidone 0.5mg on 2/1/2025 through 2/28/2025 at 9:00 PM, resulting in a duplication of the medication dosage.</p> <p>Review of the MAR dated 3/2025, revealed that Resident #4 received Risperdal 0.5mg and Risperidone 0.5mg on 3/1/2025 through 3/31/2025 at 9:00 PM, resulting in a duplication of the medication dosage.</p> <p>Review of the MAR dated 4/2025, revealed that Resident #4 received Risperdal 0.5mg and Risperidone 0.5mg on 4/1/2025 through 4/12/2025 at 9:00 PM, resulting in a duplication of the medication dosage.</p> <p>(continued on next page)</p>		

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<p>F 0842</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>3. Review of the medical record revealed Resident #22 was admitted to the facility on [DATE] with diagnoses including Dementia, Post Traumatic Stress Disorder, Anxiety, Depression and Psychotic Disorder.</p> <p>Review of the quarterly MDS assessment dated [DATE], revealed a BIMS score of 3 which indicated Resident #22 was severely cognitively impaired. Resident #22 was taking Antipsychotics, Antidepressants, Antiplatelet, and Anticonvulsants medications.</p> <p>Review of the MAR dated 2/2025 revealed that Resident #22 received Quetiapine (Generic name-used for the treatment of schizophrenia, bipolar disorder, and major depressive disorder) 100 MG and Seroquel (Brand name for Quetiapine) 100 MG at 9:00 PM on 2/27/2025 and 2/28/2025, resulting in a duplication of the medication dosage.</p> <p>Review of the Pharmacist's Report to Nursing .Medication Regimen reviews performed between 03/10/2025 and 3/13/2025 . revealed .There are 2 orders for QUETIAPINE TAB 100MG TAKE ONE TAB BY MOUTH AT BEDTIME. One order is quetiapine 100mg hs [hours of sleep] (generic name) and one order for Seroquel 100 mg hs (brand name) which are the same medication .Would you please discontinue one order .</p> <p>Review of the MAR dated 3/2025 revealed Resident #22 received Quetiapine 100 MG and Seroquel 100 MG on 3/1/2025 through 3/31/2025 at 9:00 PM, resulting in a duplication of the medication dosage.</p> <p>Review of the MAR dated 4/2025 revealed Resident #22 received Quetiapine 100 MG and Seroquel 100 MG on 4/1/2025 through 4/17/2025 at 9:00 PM, resulting in a duplication of the medication dosage.</p> <p>Review of the Order Recap Report, dated April 30, 2025, revealed .SEROquel Oral Tablet 100 mg . Discontinued 4/18/2025 .Reason .duplicate order .</p> <p>During an interview on 4/30/2025 at 1:33 PM, the Director of Nursing (DON) confirmed these were duplicate orders and the Nurse Practitioner (NP) had been notified.</p>		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 445442	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 05/01/2025
NAME OF PROVIDER OR SUPPLIER Ahc Crestview		STREET ADDRESS, CITY, STATE, ZIP CODE 704 Dupree Road Brownsville, TN 38012	
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 0880</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Provide and implement an infection prevention and control program.</p> <p>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 49311</p> <p>Based on policy review, medical record review, observation, and interview, the facility failed to perform practices to prevent the potential spread of infections during medication administration when 1 of 5 (Licensed Practical Nurse (LPN) D) nurses failed to perform hand hygiene and failed to clean a multi-use vial prior to use, and when 1 of 5 (LPN E) Nurse failed to clean reusable equipment after use.</p> <p>The findings include:</p> <p>1. Review of the facility policy titled, Insulin Administration, dated 2001, revealed .Steps in the Procedure (Insulin Injections via Syringe) .Disinfect the top of the vial with an alcohol wipe .</p> <p>Review of the facility policy, titled, Handwashing/Hand Hygiene, dated 2001, revealed .This facility considers hand hygiene to be the primary means to prevent the spread of healthcare-associated infections .Hand hygiene is indicated .immediately after glove removal .</p> <p>Review of the facility policy, titled, Cleaning and Disinfection of Resident-Care Items and Equipment, dated 2019, revealed .Resident-care equipment, including reusable items .will be cleaned and disinfected . Reusable items are cleaned and disinfected between residents .</p> <p>2. Review of the medical record revealed Resident #39 was admitted to the facility on [DATE], with diagnoses including Diabetes.</p> <p>Review of the annual Minimum Data Set (MDS) assessment dated [DATE], revealed a Brief Interview for Mental Status (BIMS) score was unable to be assessed due to rarely/never understood.</p> <p>Review of the Physician Orders revealed NovoLOG Injection Solution [used to lower blood glucose] Inject as per sliding scale .140 - 180 = 3 units .</p> <p>During observation on 4/29/2025 at 11:19 AM, LPN D withdrew insulin from a multi-use vial without cleaning the vial, administered the injection, removed gloves and did not perform hand hygiene.</p> <p>3. Review of medical record revealed Resident #47 was admitted on [DATE], with diagnoses including Gastrostomy.</p> <p>Review of the quarterly MDS assessment dated [DATE], revealed a BIMS score was unable to be assessed due to rarely/never being understood</p> <p>Review of the Physician Orders dated 2/12/2025, revealed . Check placement of enteral/peg tube [a feeding tube inserted directly into the stomach through the abdominal wall] per auscultation and aspiration every day and evening shift Check tube placement before initiation of formula, medication administration .</p> <p>(continued on next page)</p>		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 445442	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 05/01/2025
NAME OF PROVIDER OR SUPPLIER Ahc Crestview		STREET ADDRESS, CITY, STATE, ZIP CODE 704 Dupree Road Brownsville, TN 38012	
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 0880</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Observation on 4/30/2025 at 11:30 AM, revealed LPN E verified peg placement by auscultation with stethoscope, administered peg medications, exited room, signed out medications, and did not clean stethoscope.</p> <p>During an interview on 5/1/2025 at 8:34 AM, the Director of Nursing (DON) confirmed that multi use vials should be cleaned before use. The DON was asked if hand hygiene should be performed after removing gloves. The DON stated, Yes. The DON was asked if a stethoscope should be cleaned after use on resident. The DON stated, It should have been cleaned, yes ma'am.</p>		