STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	445444	A. Building B. Wing	11/20/2024

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Ahc Savannah	1645 Florence Rd Savannah, TN 38372

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 0580 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Immediately tell the resident, the resident's doctor, and a family member of situations (injury/decline/room, etc.) that affect the resident. **NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** Based on policy review, medical record review, and interview, the facility failed to notify the responsible party of a change of condition and new physician orders for 1 of 4 (Resident # 109) sampled residents reviewed. The findings include: 1. Review of the facility policy titled, Notification of Change, dated 3/28/2024, revealed .ensure the facility promptly informs .resident's representative, consistent with his or her authority, when there is a change requiring notification .The facility must inform the .resident's family member or legal representative when there is a change requiring such notification .Significant change in the resident's physical, mental or psychosocial condition such as deterioration in health, mental or psychosocial status. This may include . life-threatening conditions .clinical complications .Circumstances that require a need to alter treatment. This may include .new treatment .discontinuation of current treatment .adverse consequences .acute condition . 2. Review of the medical record revealed Resident #109 was admitted to the facility on [DATE], with diagnoses including Alzheimer's Disease, Dementia, Psychotic Disturbance, Behavioral Disturbance, and Agitation. Review of the clinical notes dated 10/21/2023, revealed .CNA [certified nursing assistant] reported resident noted to be more difficult to awake .bp [blood pressure] noted to be 88/48 .Resident only aroused to .sternum rub .resident placed in Trendelenburg and bp increased .Will continue to follow plan of care . Review of the medical record revealed no documentation that Resident #109's Responsible Party (RP) was notified of the Resident's change of condition on 10/21/2023. Review of the clinical note dated 10/25/2023, revealed .CNA reported to nurse that resident has not voided this shift. In and out cathed [catheterized] .foley inserted using sterile technique . Review of the medical record revealed no documentation that Resident #109's RP was notified of physician order for an indwelling catheter placed on 10/25/2023. Review of the comprehensive Minimum Data Set (MDS) assessment dated [DATE], revealed Resident #109 was assessed as moderately impaired for daily decision-making skills and rarely or never understood. (continued on next page)

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:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
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F 0580 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Review of the quarterly MDS assessment dated [DATE], revealed Resident #109 was assessed as moderately impaired for daily decision-making skills and rarely or never understood. During an interview on 11/21/2024 at 2:08 PM, the Director of Nursing (DON) confirmed that the RP should have been notified of changes in condition and new orders on residents.

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	445444	A. Building B. Wing	11/20/2024

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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, observation, and interview, the facility failed to ensure food was stored properly when unlabeled and expired items were found in 1 of 2 (100/200 Hall) nourishment refrigerators and opened and undated items were found in 1 of 2 (walk in refrigerator) kitchen refrigerators. The findings include: 1. The facility policy titled Dietary: Food Storage, dated 7/25/2024, revealed .Food shall be stored in accordance with professional standards for food service safety .food items are stored .covered, labeled and dated .All stored foods should have an expiration date . 2. Observation and interview in the kitchen walk in refrigerator on 11/18/2024 at 8:49 AM, revealed an open, unlabeled, and undated tray of leftover desserts. The Dietary Manager stated, .this should be labeled and dated . Observation in the 100/200 Hall Nutrition Refrigerator on 11/20/2024 at 10:54 AM, revealed 2 nutritional supplements unlabeled and expired. 3. During an interview on 11/20/2024 at 3:22 PM, Registered Nurse (RN) D confirmed expired and unlabeled items should not be in the nutritional refrigerators. During an interview on 11/21/2024 at 2:08 PM, the DON confirmed expired and unlabeled items should not be in the nutritional refrigerators.

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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 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 1 of 1 staff Licensed Practical Nurse (LPN) C failed to perform hand hygiene after tracheostomy (trach) care and failed to clean reusable equipment after a treatment for 1 of 1 resident (Resident #6) reviewed for trach care. The findings include: 1. Review of the facility policy titled, Infection Prevention and Control Program, dated 10/24/2022, revealed . Hand Hygiene Protocol .staff shall perform hand hygiene . after handling contaminated objects .after PPE [Personal Protective Equipment] removal .before and after performing resident care procedures .all reusable items and equipment requiring .disinfection shall be cleaned in accordance with our current procedures governing the cleaning and disinfection of soiled or contaminated equipment .reusable equipment shall be decontaminated using a germicidal detergent prior to storing for reuse. 2. Review of the medical record revealed Resident #6 was admitted to the facility on [DATE], with diagnoses including Traumatic Brain Injury, Hemiplegia, Gastrostomy, and Tracheostomy. Review of the comprehensive Minimum Data Set (MDS) assessment dated [DATE], revealed a Brief Interview for Mental Status (BIMS) score of 2, which indicated Resident #6 had severe cognitive impairment, and was dependent on staff for all ADLs (Activities of Daily Living) except for feeding self. Resident #6 required suctioning and Tracheostomy Care. Review of the Physician's Orders dated 7/29/2022, revealed .Tracheostomy Care .Clean with normal Saline . trach stoma .Post Trach Care Vitals .Pre Trach Vitals .Tracheostomy cannula care . Observation during trach care on 11/20/2024 beginning at 2:51 PM, revealed LPN C was at Resident #6's bedside, performed trach care, removed his gloves and gown, picked up the pulse oximeter, and exited the room without performing hand hygiene. During an observation and interview on 11/20/2024 at 3:05 PM, LPN C was observed standing behind the Nurse Station with the pulse oximeter in his hand. LPN C was asked what he should have done with the pulse oximeter after completing a treatment. LPN C stated, .Oh I should have wiped it down and put it away ., went to the medication cart and began wiping the pulse oximeter down before placing it into the medication cart. During an interview on 11/21/2024 at 1:39 PM, LPN C confirmed he should have washed his hands before exiting the room and should have immediately sanitized the pulse oximeter before putting it back in the medication cart. During an interview on 11/21/2024 at 1:44 PM, the Director of Nursing (DON) confirmed staff should wash hands after removing gloves and that reuseable medical equipment should be sanitized after use.