

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 445447	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 07/02/2025
NAME OF PROVIDER OR SUPPLIER Mission Convalescent Home		STREET ADDRESS, CITY, STATE, ZIP CODE 118 Glass St Jackson, TN 38301	

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 0689 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Ensure that a nursing home area is free from accident hazards and provides adequate supervision to prevent accidents. (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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<p>F 0689</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 policy review, medical record review, observation, and interview, the facility failed to ensure resident assessments were completed at the time of a fall and that a post fall assessment was completed after falls for 1 of 12 (Resident #29) residents reviewed for falls. The findings include: 1. Review of the facility's policy titled, Fall Documentation Protocol, with a revised date of 2/13/2025, revealed An incident report must be completed whenever there is a fall by the nurse on duty in [Named Electronic Medical Record] .MD [Medical Doctor], RP [Responsible Party], and DON [Director of Nursing] must be contacted .all falls must have neuro checks (witnessed or unwitnessed) .Fall investigation .statements .from staff on duty .Fall assessment should be completed .Fall assessment should be completed in [Named Electronic Medical Record] .care plan should be updated .72 hour follow up nurse's note must be done after each fall every shift .Ensure each section is completed. It's not completed until you have signed the last section. Review of the facility's policy titled, Fall Prevention Program, dated 10/21/2024, revealed .Each resident's risk factors and environment hazards will be evaluated when developing the resident's comprehensive plan of care.Interventions will be monitored for effectiveness.The plan of care will be revised as needed.When any resident experiences a fall, the facility will.Assess the resident.Complete a post-fall assessment.Complete an incident report.Document all assessments and actions.Obtain witness statements. 2. Review of the medical record revealed Resident #29 was admitted to the facility on [DATE], with diagnoses including Dementia with Psychotic Disturbance, Obsessive Compulsive Behavior, and Anxiety. Review of the quarterly Minimum Data Set (MDS) dated [DATE], revealed Resident #29 had severe cognitive impairment. Review of the Care Plan dated 4/29/2025, revealed .fall no injuries obtain UA [urinalysis] .fall 5/26/2025 no injuries- Staff to do frequent checks while resident is in restroom he stays for extended periods of time .6/5/2025 fall no injuries Staff will encourage to use bigger bathroom with more room and transfer bars . Review of the facility's Fall investigation, dated 4/29/2025, revealed Resident #29 .Fell in the bathroom when resident got up to bathroom . Review of the Incident report dated 4/29/2025, revealed .[Resident #29] observed on floor on butt in bathroom. [named Resident #29] said I fell off the toilet . Review of the Progress Note for Resident #29 dated 4/30/2025, revealed continue f/u [follow up] observance, falling star safety measures in effect, neuro negative, no new c/o [complaints] . Review of the Fall Risk Evaluation dated 4/29/2025, revealed a score of 12, which indicated Resident #29 was a high risk for the falls. The facility was not able to provide a Resident assessment, the post fall assessment, or staff statements for Resident #29's fall on 4/29/2025. Review of the facility's Incident Report dated 5/26/2025, revealed Resident #29 was .observed in bathroom on floor upright in front of toilet. Review of the Progress Note dated 5/26/2025, revealed observed [Resident #29] at 0715 [7:15 AM] on floor in bathroom sitting upright in front of toilet, he says I fell getting off the toilet . Review of the Fall Risk Evaluation dated 5/16/2025, revealed a score of 14, which indicated Resident #29 was a high risk for falls. The facility was not able to provide a Resident assessment, the post fall assessment for the fall, or staff statements for Resident #29's fall on 5/26/2025. Review of the facility's Progress Note' dated 6/5/2025, revealed .Went in bathroom to check on resident and he was noted to be lying on the bathroom floor on his right side . Review of the Fall Risk Evaluation dated 6/5/2025, revealed a score of 11 which indicated Resident #29 was a high risk for falls. Review of the facility's Incident Report dated 6/5/2025, revealed .went to check on resident [Resident #29] and he was noted to be lying on the floor on his right side. The facility was not able to provide the Resident assessment or the post fall assessment for Resident #29's fall on 6/5/2025. During an interview on 7/1/2025 at 4:36 PM, the Director of Nursing (DON) was asked are these the complete fall investigations for Resident #29. The DON stated, Yes . During an interview on 7/2/2025 at 10:35 AM, the DON was asked if any statements were obtained from staff related to falls. The DON stated, Yes, ma'am .I found a statement for the fall on 6/5/2025, but no other statements. The DON was asked should staff get witness statements for falls. The DON stated, Yes . The DON was asked if the nurses should document Resident assessments for falls. The DON stated Yes, ma'am. The DON was asked do you see any Resident assessments or post fall assessments. The DON stated, No.</p>		

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<p>F 0812</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Some</p>	<p>Procure food from sources approved or considered satisfactory and store, prepare, distribute and serve food in accordance with professional standards.</p> <p>Based on policy review, observation, and interview, the facility failed to ensure food was stored properly when frozen food was not stored on a shelf to allow circulation, the corn meal, sugar, and flour bins were undated and unlabeled, expired food and frozen food was observed with thick build-up of ice crystals in 2 of 2 reach-in freezers and 1 of 1 reach-in refrigerators, and a pink/brown substance found in 1 of 1 ice machines. The findings include: 1. Review of the facility's policy titled, Food Storage, with a revised date of 11/1/2014, revealed .Any expired or outdated food products should be discarded.All products should be dated upon receipt and when they are prepared. Use use-by-dates on all food stored in refrigerators. Review of the undated facility's policy titled, Infection Control Policy, revealed .Ice may be contaminated and may cause and [an] outbreak of nosocomial infections [an infection acquired in a hospital or healthcare facility]. The following procedures should be followed to reduce contamination of the ice [ch]ests and machines . Maintenance is responsible for [ensuring] cleaning is done. Cleaning should be carried out with a detergent solution, after disconnecting the unit, removing and discarding all ice, and allowing the chest to warm to room temperature. Use clean rags or disposable wipes to scrub all surfaces. 2. Observation in the single door reach-in freezer on 6/30/2025 at 8:38 AM, 7/1/2025 at 8:49 AM, and 7/2/2025 at 9:09 AM, revealed 4 chocolate meringue pies on the floor of the freezer, not stored on a shelf to allow circulation. Observation in the kitchen on 6/30/2025 at 8:40 AM, revealed the corn meal, sugar and flour bins were undated and unlabeled. Observation in the double door reach-in freezer on 6/30/2025 at 8:47 AM, revealed the following: a. A bag of hot dogs with a use by date of 6/27/2025. b. A bag of Salisbury steaks with a use by date of 6/27/2025. c. A bag of Tater Kegs with a use by date of 6/19/2025. d. A bag of chicken with a thick white build-up of ice in the bag frozen to the bottom of the freezer. e. A bag of fried steaks with a thick white build-up of ice in the bag. f. 6 bags of frozen chicken stored on the floor of the freezer, not stored on a shelf to allow circulation. g. 4 packages of ground beef stored on the floor of the freezer, not stored on a shelf to allow circulation. h. 8 packaged rack of ribs stored on the floor of the freezer, not stored on a shelf to allow circulation. i. 3 packaged hams stored on the floor of the freezer, not stored on a shelf to allow circulation. Observation in the double door reach-in refrigerator on 7/1/2025 at 8:51 AM and 7/2/2025 at 9:11 AM, revealed a bag with 5 heads of lettuce stored on the floor of the refrigerator, not stored on a shelf to allow circulation. Observation in the double door reach-in freezer on 7/1/2025 at 8:53 AM and 7/2/2025 at 9:16 AM, revealed the following: a. 6 bags of frozen chicken stored on the floor of the freezer, not stored on a shelf to allow circulation. b. 4 packages of ground beef stored on the floor of the freezer, not stored on a shelf to allow circulation. c. 8 packaged rack of ribs stored on the floor of the freezer, not stored on a shelf to allow circulation. d. 3 packaged hams stored on the floor of the freezer, not stored on a shelf to allow circulation. During an observation and interview on 7/1/2025 at 8:30 AM, the Certified Dietary Manger (CDM) was asked what was the pink/brown substance on the inside of the ice machine along the entire width of the plastic dispenser. The CDM stated, I think it's mildew. The CDM wiped an area with a paper towel, a pink residue was left on the paper towel. 3. During an interview on 7/1/2025 at 3:26 PM, the CDM confirmed food items should not be stored beyond the use by date and food should not have a thick white build-up of ice crystals on it. During an interview on 7/1/2025 at 4:09 PM, the Maintenance Supervisor was asked whose responsibility it is to clean the ice machine. The Maintenance Supervisor stated, We are going to assign that to the floor tech . During an interview on 7/2/2025 at 9:28 AM, the CDM confirmed food items/storage bins should be labeled and dated to reflect its contents. The CDM was asked if food items should be stored without a rack or shelf on the bottom of the freezer/refrigerator to allow circulation. The CDM stated, .we try to keep it stacked to allow circulation .</p>		

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<p>F 0880</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Some</p>	<p>Provide and implement an infection prevention and control program.</p> <p>**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 2 (Licensed Practical Nurse (LPN A) failed to don Personal Protective Equipment (PPE) while administering medications and performing wound care to 2 of 3 (Resident #22 and #33) residents reviewed for Percutaneous Endoscopic Gastronomy (PEG) (a tube in the stomach that provides nutrition) tube and pressure ulcers. The findings include: 1. Review of the facility policy titled, Enhanced Barrier Precautions, dated 4/25/2025, revealed .Enhanced Barrier Precautions .EBP .refer to .an infection control intervention designed to reduce transmission of multi-drug resistant organisms that employs targeted gown and gloves use during high contact resident care activities . An order for enhanced barrier precautions will be obtained for residents with any of the following .wounds . feeding tubes .High contact resident care activities include .device care or use .feeding tubes .wound care . 2. Review of the medical record revealed Resident #22 was admitted [DATE], with diagnoses including Hemiplegia, Diabetes, and Encounter for Surgical Aftercare Following Surgery on the Digestive System. Review of the Physician Order dated 4/10/2025, revealed .Enhanced Barrier Precautions R/T [related to] indwelling medical device [Gastronomy Tube] [PEG tube] . Observation in the Resident's room on 7/1/2025 at 11:30 AM, revealed LPN A accessed the PEG tube of Resident #22 for medication administration without donning PPE in an enhanced barrier room. 3. Review of the medical record revealed Resident #33 was admitted to the facility on [DATE], with diagnoses including Respiratory Failure, Anxiety, Chronic Kidney Disease, and Chronic Obstructive Pulmonary Disease. Review of the Care Plan for Resident #33 dated 5/13/2025, revealed .The resident has (stage 3) pressure ulcer to left hip r/t HxA [History] of ulcers . Observation in the Resident's room on 7/1/2025 at 2:18 PM, revealed LPN A performed wound care on Resident #33's pressure ulcer without donning PPE in an enhanced barrier room. During an interview on 4/2/2025 at 11:55 AM, the Director of Nursing confirmed that nurses should don PPE when administering medication through a PEG tube and when performing wound care.</p>		