STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	445449	A. Building B. Wing	05/14/2025

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Ahc Westwood	524 West Main Street Decaturville, TN 38329

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. **NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 52505 Based on policy review, medical record review, and interview, the facility failed to follow interventions to prevent falls for 1 of 4 residents (Resident #21) reviewed for falls. The findings include: 1. Review of the facility policy titled, Fall Management System, dated 1/2025, revealed .It is the policy of this facility to provide an environment that remains as free of accident hazards as possible. It is also the policy of this facility to provide each resident with appropriate assessment and interventions to prevent falls and to minimize complications if a fall occurs . 2. Review of the medical record revealed Resident #21 was admitted to the facility on [DATE], with diagnoses including Hemiplegia (paralysis of the muscles of the lower face, arm, and leg on one side of the body) and Hemiparesis (weakness or the inability to move on one side of the body) following Cerebral Infarction (stroke), Dementia, Anxiety, Alzheimer's Disease, Unsteadiness on feet, Fracture of Left Femur, and Osteoporosis. Review of the quarterly Minimum Data Set assessment dated [DATE], revealed short and long term memory problems, severely impaired decision-making skills, physical behaviors occurred on 1 to 3 days of assessment period, wandering occurred daily, and required assistance with Activities of Daily Living (ADLs). Review of the Physician's Order dated 4/10/2025, revealed Check functioning DAILY, check proper functioning and placement of mat [weighted based alarm mat] every shift . Review of the facility's Occurrence Investigation Interview Report dated 4/15/2025 at 3:30 PM, revealed . laying on the floor on left side of body .What was the Resident doing the last time you saw them before the occurrence .Sitting in wheelchair lobby .Does the Resident have an alarm .YES .alarm was not on the chair . The root cause of the occurrence is .resident leaning forward in wheelchair . Review of the Nurse Note dated 4/15/2025 at 4:21 PM, revealed Resident pressure alarm was not on her wheelchair at the time of incident. (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 0689 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Review of the Nurse Note dated 4/15/2025 at 6:42 PM, revealed [Daughter] notified of unwitnessed fall w [with] / no injuries . Review of the Care Plan dated 4/25/2025, revealed .At Risk for Falls .Interventions on 4/4/2025 .Weight based alarm mat to be in place r/t [related to] impulsive behaviors to reduce risk of falls . During an interview on 5/13/2025 at 4:23 PM, Licensed Practical Nurse (LPN) D confirmed that she was working at the time of Resident #21's fall. LPN D reviewed the fall documentation from 4/15/2025 and confirmed that it was her documentation and Resident #21 did not have a weight-based alarm mat on the chair when the fall occurred. LPN D was asked should the alarm have been in place at the time of the fall. LPN D stated, Yes. During an observation and interview on 5/14/2025 at 9:44 AM, Certified Nursing Assistant (CNA) E demonstrated the use of a weight-based alarm mat in a chair. CNA E was asked to place the weighted based alarm mat in a chair in the position she would have placed it for Resident #21. CNA E confirmed Resident #21 sat directly on top of the alarm mat. A surveyor sat on the alarm mat and leaned forward causing the alarm to sound. CNA E confirmed the alarm would have sounded when Resident #21 leaned forward. During an interview on 5/14/2025 at 11:44 AM, the Director of Nursing (DON) confirmed residents should have fall prevention devices in place as ordered.

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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. 51670 Based on policy review, observation, and interview, the facility failed to ensure food was stored and prepared under sanitary conditions when 1 of 2 ice machines were observed to have multiple black spots, when the container of sugar was out of date, and when wet nesting of dishware was observed. The facility had a census of 52, with all residents receiving a meal tray from the kitchen. The findings include: 1. Review of the facility policy titled, General Sanitation and Cleaning, dated 1/2025, revealed .Cleaning Instructions: Ice Machine and Equipment .Ice machine and equipment .will be cleaned and sanitized on a regular basis . Review of the facility policy titled, Food Storage, dated 8/2019, revealed .Foods shall be labeled, dated, and covered. Dates used may be a date prepared/opened and/or use-by date . Review of the facility policy titled, Cleaning Dishes/Dish Machine, dated 1/2021, revealed .Air dry. Use drying racks if needed; do not stack dishes immediately after washing .inspect for cleanliness and dryness, and put them away . 2. Observation in the kitchen on 5/12/2024 at 8:45 AM and 2:04 PM, revealed multiple black dots to the left, right and upper inside wall of the ice machine. During an interview on 5/14/2025 at 2:20 PM, the Certified Dietary Manager (CDM) confirmed the ice machine should have been clean. 3. During observation and interview in the kitchen on 5/12/2024 at 8:45 AM and 2:04 PM, with the CDM present, revealed sugar inside the sugar bin dated, use by 5/2/2024. The CDM confirmed the sugar inside the sugar bin should have a current use by date. 4. During observation and interview in the kitchen on 5/12/2024 at 2:04 PM, with the CDM present, revealed standing water droplets on the following: a. 4 of 6 small steam pans stacked on top of each other. b. 3 of 6 small steam pans stacked on top of each other. c. 4 of 5 medium steam pans stacked on top of each other. d. 3 of 4 large steam pans stacked on top of each other. The CDM confirmed that pans should be air dried prior to stacking.

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F 0880 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Provide and implement an infection prevention and control program. **NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 47835 Based on policy review, medical record review, observation, and interview, the facility failed to ensure proper infection control practices were followed during medication administration when 2 of 3 nurses (Registered Nurse (RN) B and RN C) did not perform proper hand hygiene while administering medications for 2 of 4 (Resident #3 and #306) residents. The findings include: 1. Review of the facility policy titled, Hand Hygiene, dated 1/2025, revealed .Hand hygiene is one of the most effective measures to prevent the spread of infection .after contact with objects .in the immediate vicinity of the resident .after removing and disposing of personal protective equipment .Vigorously lather hands with soap and rub them together .for a minimum of 20 seconds .dry hand thoroughly with paper towels and then turn off faucets with a clean, dry paper towel . 2. Review of the medical record revealed Resident #3 was admitted to the facility on [DATE], with diagnoses including Parkinson's Disease, Diabetes, and Chronic Kidney Disease. Observation during medication administration on 5/14/2025 at 8:38 AM, in Resident #3's room revealed RN B completed administration of oral medications to Resident #3, then immediately administered eye drops to both eyes without changing gloves or performing hand hygiene. During an interview on 5/15/2025 at 3:00 PM, the Director of Nurses (DON) was asked should a nurse complete oral medication administration and immediately move to administering eye drops without hand hygiene. The DON stated, No . they should remove their gloves and perform hand hygiene, then apply another pair of gloves . 4. Review of the medical record revealed Resident #306 was admitted to the facility on [DATE], with diagnoses including Infection and Inflammatory Reaction due to Cardiac and Vascular Devices, Implants, and Grafts, Acute Respiratory Failure, and Pyelonephritis. Observation during medication administration on 5/14/2025 at 3:45 PM, in Resident #306's room revealed RN C performed hand hygiene and turned off the faucet with her wet hand. During an interview on 5/15/2025 at 3:00 PM, the DON was asked should staff perform hand hygiene and use their hand to turn off the faucet. The DON stated, .No they are supposed to turn it off with a clean paper towel .