STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	445451	A. Building B. Wing	12/10/2025

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Decatur County Healthcare	726 Kentucky Avenue S Parsons, TN 38363

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 0695 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Provide safe and appropriate respiratory care for a resident when needed. **NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** Based on policy review, medical record review, observation, and interview, the facility failed to document oxygen administration and failed to follow physician's orders for oxygen administration for 3 of 3 (Resident #28, Resident #29 and Resident #45) sampled residents reviewed for respiratory care. The findings include: 1. Review of the facility policy titled, PRN [As Needed] Medication Administration, dated 9/2022, revealed .It is the policy of this facility that medications shall be administered as prescribed by the attending physician.Medications must be administered in accordance with the written orders of the attending physician.When PRN medications are administered, the nurse must record.The date and time administered.Any results achieved from administering the drug and the time such results were observed. Review of the facility policy titled, Oxygen Administration, dated 12/2025, revealed .It is the policy of this facility that oxygen therapy is administered, as ordered by the physician. 2. Review of the medical record revealed Resident #28 was admitted to the facility on [DATE], with diagnoses including Atrial Fibrillation, Depression, Anemia, and Hyperlipidemia. Review of the quarterly Minimum Data Set (MDS) assessment dated [DATE], revealed Resident #28 scored 15 on the Brief Interview for Mental Status (BIMS) assessment, which indicated she was cognitively intact. Review of the Physician's Orders dated 12/1/2025, revealed .PRN [as needed] OXYGEN AT 2L/MIN [Liters per minute] VIA [by way of] NASAL CANNULA/MASK. Review of the Treatment Administration Record (TAR) dated 12/2025, revealed staff failed to document the administration of PRN Oxygen to Resident #28 on 12/8/2025 and 12/9/2025. Observation in Resident #28's room on 12/8/2025 at 3:55 PM, and on 12/9/2025 at 9:22 AM, revealed Resident #28 was sitting in the recliner receiving Oxygen therapy at 2L/min via Nasal Cannula (NC). 3. Review of the medical record revealed Resident #29 was admitted to the facility on [DATE], with diagnoses including Chronic Obstructive Pulmonary Disease, Dementia, Diabetes, Morbid Obesity, and Muscle Weakness. Review of the quarterly MDS assessment dated [DATE], revealed Resident #29 scored an 11 on the BIMS assessment, which indicated she was moderately cognitively impaired. Review of the Physician's Orders dated 12/18/2024, revealed .Oxygen at 2 L [Liters] per min BNC [By nasal cannula] as needed for SOB [Shortness of Breath]. Review of the TAR dated 12/2025, revealed staff failed to document the administration of PRN Oxygen to Resident #29 on 12/8/2025 and 12/9/2025. Observation in Resident #29's room on 12/8/2025 at 9:01 AM and 12/8/2025 at 9:56 AM, revealed Resident #29 was lying in bed receiving Oxygen therapy at 3 L/min via BNC. Observation in Resident #29's room on 12/9/2025 at 9:28 AM, revealed Resident #29 was lying in bed receiving Oxygen therapy at 2.5-3 L/min via BNC. During an interview on 12/9/2025 at 9:50 AM, Licensed Practical Nurse (LPN) C was asked what the physicians order for Resident #29's oxygen was. LPN C stated, It should be at 2L/min. During an observation and interview in Resident #29's room on 12/9/2025 at 9:52 AM, revealed LPN C verified that oxygen was being administered at 3 L/min. During an interview on 12/9/2025 at 9:55 AM, the Director of Nursing (DON) was asked do you expect oxygen to be administered as ordered by the physician. The DON stated, .Yes, I would expect it to be. 4. Review of the medical record revealed Resident #45 was admitted to the facility on [DATE], with diagnoses including Chronic Obstructive Pulmonary Disease and Heart Failure. Review of the quarterly MDS (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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(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (Each deficiency must be preceded by full regulatory or LSC identifying information)
F 0695 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	assessment dated [DATE], revealed Resident #45 scored a 3 on the BIMS assessment, which indicated he was severely cognitively impaired. Resident #45 was not assessed for oxygen therapy. Review of the Physician's Orders dated 11/19/2024, revealed .Oxygen at 2 L per min BNC as needed . Review of the TAR dated 12/2025, revealed staff failed to document the administration of PRN Oxygen to Resident #45 on 12/10/2025. Observation in Resident #45's room on 12/10/2025 at 8:04 AM, revealed Resident #45 was lying in bed receiving Oxygen therapy per BNC at 2 liters. During an observation and interview in Resident #45's room on 12/10/2025 at 8:05 AM, LPN B was asked what Resident #45's oxygen was set on. LPN B stated, A little over 2 liters. LPN B was asked if oxygen was administered should it be signed out on the TAR. LPN B stated, Yes. During an interview on 12/10/2025 at 8:21 AM, the DON was asked to explain the process for PRN medications or treatments. The DON stated, They should be signing out the order, and the system should trigger a follow up to see if it was effective . The DON was asked should PRN medications or treatments be documented on the TAR. The DON replied, Yes.

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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 0761 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	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. Based on policy review, observation, and interview, the facility failed to ensure medications were properly stored when expired medications were found in 1 of 7 (400 Hall Medication Cart) medication storage areas.ˆThe findings included:ˆ 1. Review of the facility policy titled, Medication Administration: Medication, Controlled and Biological Storage, Night/Emergency Box and Backup Pharmacy, dated 4/25/2025, revealed .Whenever a seal of a multidose vial is broken it must be initialed and dated by the Nurse with an open date and expiration date. These shall expire 28 days after opening unless otherwise specified by the manufacturer. Review of the facility policy titled, Medication Administration, dated 4/25/2025, revealed .Check the expiration date of each medication. 2.During an observation and interview at the 400 Hall Medication Cart on 12/9/2025 at 8:59 AM, revealed 1 opened vial of multidose Lispro insulin (used to treat diabetes) with an open date of 10/25/2025, and an expiration/discard date of 11/22/2025, and 1 bottle of Folic Acid (vitamin supplement) 100 mg [milligrams] capsules with an expiration date of 11/2025. Registered Nurse (RN) A acknowledged expired medication should not be stored in the medication cart.ˆ During an interview on 12/10/2025 at 9:16 AM, the Director of Nursing (DON) was asked if expired medication should be on the medication cart. The DON stated, No, it should not be.