STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	445453	A. Building B. Wing	06/18/2025

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Cypress Grove Post Acute	45 Forest Cove 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. **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 the environment was free of accident hazards when unsecured sharps were observed in 1 of 10 (Resident #18) resident bathrooms on the secured unit for 1 of 14 (Resident #18) residents observed for accident hazards. There were 10 Wandering residents on the secured unit. The findings include: 1. Review of the facility policy titled, Sharps Disposal, dated January 2012, revealed This facility shall discard contaminated sharps into designated containers .discard them immediately .into designated containers . containers that are .closable .puncture resistant . 2. Review of the medical record revealed Resident #18 was admitted to the facility on [DATE], with diagnoses including Dementia, Anxiety, Heart Failure, and Depression. Review of the Interdisciplinary Team (IDT) Care Conference documentation dated 4/7/2025, revealed . Resident OOB [Out of Bed] on wheelchair, propels self, eats meals in room, feeds self .Resident needs extensive assistance with ADL [activities of daily living] care and transfers. Resident continent of bowel and bladder Review of the quarterly Minimum Data Set (MDS) assessment dated [DATE], revealed a Brief Interview for Mental Status (BIMS) score of 6, which indicated Resident #18 was severely cognitively impaired. Resident required set up assistance of staff to perform ADLs as eating, toileting, bathing, bed mobility, and transfers. Review of the Care Plan dated 4/27/2025, revealed .impaired cognitive function/dementia or impaired thought processes . Observations in Resident #18's bathroom on 6/16/2025 at 9:03 AM and 6/16/2025 at 10:30 AM, revealed 4 blue disposable razors in the bathroom on top of the paper towel dispenser. Observation and interview on 6/16/2025 at 11:12 AM, revealed Licensed Practical Nurse (LPN) A confirmed that there were 4 disposable razors in the Resident's bathroom. During an interview on 6/18/2025 at 8:36 AM, the Director of Nursing (DON) was asked if razors should be out in the open in the secure unit. The DON stated, No.

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 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, medical record review, observation, and interview, the facility failed to ensure medications were properly stored and secured when 2 of 4 (Licensed Practical Nurse (LPN) A and Registered Nurse (RN) E medications were observed unsecured and unattended in 2 of 7 (Memory Care Medication Cart and 300 Hall Medication Cart) medication storage areas. The findings include: 1. Review of the facility policy titled, Medication Labeling and Storage, dated February 2023, revealed . Medication carts and storage rooms containing medications and biologicals are locked when not in use .trays or carts used to transport such items are not left unattended if open or otherwise potentially available to others . 2. Observation on 6/17/2025 at 11:02 AM, revealed Licensed Practical Nurse (LPN) A entered Resident #47's room, failed to lock the medication cart, and left the Memory Care Medication Cart unattended. During an interview on 6/17/2025 at 11:15 AM, LPN A confirmed the Memory Care medication cart should not have been left unlocked and unattended. During an observation and interview on 6/17/2025 at 4:29 PM, Registered Nurse (RN) E gathered medications and supplies at the 300 Hall Medication Cart, walked away from the cart, and left Resident #28's medications unattended and out of sight. RN E failed to ensure medications were secured. RN E confirmed the medication should not have been left unattended on the medication cart. During an interview on 6/18/2025 at 9:22 AM, the Director of Nurses (DON) confirmed staff should not leave medication carts unlocked and unattended. The DON confirmed that medications should not be left unattended and unsecured.

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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 - Few	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 safe infection control practices to help prevent the spread of infectious diseases for 2 of 6 (Resident #4 and #44) residents observed during medication administration when 2 of 4 nurses (Registered Nurse (RN) E and Licensed Practical Nurse (LPN) D) failed to disinfect a stethoscope and use a clean syringe after the syringe was contaminated. The findings include: 1. Review of the facility policy titled, Infection Prevention and Control Program, dated October 2018, revealed .educating staff and ensuring that they adhere to proper techniques and procedures . Review of the facility's policy titled Cleaning and Disinfection of Resident-Care Items and Equipment, dated 2022, revealed Reusable items are cleaned and disinfected between residents .items are cleaned/disinfected between uses . 2. Review of the medical record revealed Resident #4 was admitted to the facility on [DATE], with diagnoses including Chronic Kidney Disease and Diabetes. Review of the quarterly Minimum Data Set (MDS) assessment dated [DATE], revealed a Brief Interview of Mental Status (BIMS) score of 15 which indicated Resident #4 was cognitively intact. During an observation and interview on 6/17/2025 at 3:36 PM, LPN D entered Resident #4's room, dropped the syringe on the floor, picked it up off the floor, and administered the medication to Resident #4. During an interview on 6/18/2025 at 9:26 AM, the DON confirmed staff should dispose of a potentially contaminated syringe and redraw and administer medication with a new syringe. 3. Review of the medical record revealed Resident #44 was admitted to the facility on [DATE], with diagnoses including Dementia, Gastrostomy, Dysphagia, and Anxiety. Review of the admission MDS assessment dated [DATE], revealed Resident #44 had a BIMS score of 3, which indicated severe cognitive impairment. Review of the Physician's Orders dated 4/30/2025, revealed .Polyethylene Glycol 3350 Powder .Give 17 gram via [by way of] PEG [Percutaneous Endoscopic Gastrostomy] Tube as needed for constipation Use daily if no BM [bowel movement] within 24 hours . Observation on 6/17/2025 at 8:27 AM, revealed RN E used a stethoscope on Resident #44 to administer PEG medication (Polyethylene Glycol) and failed to disinfect the stethoscope after use on Resident #44. During an interview on 6/18/2025 at 8:24 AM, the Infection Control Preventionist (ICP) was asked if reusable equipment should be disinfected between residents. The ICP stated, .reusable equipment should be cleaned with purple top germicidal wipes after each use.