STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	445456	A. Building B. Wing	08/06/2025

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Waters of Sweetwater A Rehabilitation & Nursing	978 Hwy 11 South Sweetwater, TN 37874

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 0684 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Some	Provide appropriate treatment and care according to orders, resident?s preferences and goals. **NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** Based on facility policy review, medical record review, and interview, the facility failed to follow a physician's order related to monthly weight monitoring for 3 residents (Resident #32, #40, and #67) of 6 residents reviewed for weight monitoring. The findings include: Review of a policy titled Weights, revised 4/17 revealed, .All residents will be weighed upon admission .then weekly for three weeks .then be weighed monthly . Review of the medical record revealed Resident #32 admitted to the facility on [DATE] with diagnoses including Adult Failure to Thrive, Protein Calorie Malnutrition, and Diastolic Congestive Heart Failure. Review of an annual Minimum Data Set (MDS) assessment dated [DATE], revealed Resident #32 scored a 13 on the Brief Interview for Mental Status (BIMS) assessment which indicated the resident was cognitively intact. Review of the comprehensive care plan for Resident #32 revised 8/4/2025, revealed .nutritional status is compromised .Weigh the resident monthly . Review of a Physicians Order Summary report for Resident #32 dated 8/6/2025, revealed an order for monthly weights and as needed (PRN). Review of weight in the electronic medical record for Resident #32 revealed the last weight documented was 5/2/2025. The weight obtained was 131.0 lbs. (pounds). Continued review revealed no further weights were obtained until surveyor requested on 8/5/2025. Resident #32's weight on 8/5/2025 was 130.0 pounds (lbs) which revealed no significant weight loss. Review of the medical record revealed Resident #40 was admitted to the facility on [DATE] with diagnoses including Dementia, Type 2 Diabetes, Schizoaffective Disorder, Stroke and Dysphagia. Review of the comprehensive care plan for Resident #40 dated 2/20/2023 revealed .Weights monthly . Review of a quarterly MDS assessment dated [DATE], revealed Resident #40 scored a 10 on the BIMS assessment which indicated the resident had moderate cognitive impairment. Review of the facility's undated policy titled, PHYSICIANS ORDERS—(FOLLOWING PHYSICIAN ORDERS), revealed .It is the policy of the facility to follow the orders of the physician . (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
	445456	A. Building B. Wing	08/06/2025

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Waters of Sweetwater A Rehabilitation & Nursing	978 Hwy 11 South Sweetwater, TN 37874

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 0684 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Some	Review of a Physicians order on 5/1/2024 revealed .Monthly weights . Review of weight in the electronic medical record for Resident #40 revealed the last weight documented was 5/11/2025. The weight obtained was 213.0 lbs. (pounds). Continued review revealed no further weights were obtained until surveyor requested on 8/5/2025. Resident #40's weight on 8/5/2025 was 211.6 pounds (lbs) which revealed no significant weight loss. Review of the medical record revealed Resident #67 was admitted to the facility on [DATE] with diagnoses including Chronic Lung Disease, Seizures, and Peripheral Vascular Disease. Review of a quarterly MDS assessment dated [DATE], revealed Resident #67 scored a 9 on the BIMS assessment which indicated the resident had moderate cognitive impairment. Review of the comprehensive care plan for Resident #67 dated 6/9/2025, revealed .Weights monthly . Review of the current Physician's Orders for Resident #67 dated 8/5/2025, revealed an order present for monthly weights. Review of weight in the electronic medical record for Resident #67 revealed the last weight documented was 5/5/2025. The weight obtained was 164.2 lbs. (pounds). Continued review revealed no further weights were obtained until surveyor requested on 8/5/2025. Resident #67's weight on 8/5/2025 was 156.2 pounds (lbs) which revealed no significant weight loss. During an interview on 8/6/2025 at 10:20 AM, the Nurse Practitioner (NP) stated it was her expectation the physician orders were followed. During an interview on 8/6/2025 at 10:30 AM, the Director of Nursing (DON) confirmed Residents #36, #40 and #67 were not weighed during the months of 6/2025 and 7/2025 and physician's orders were not followed.

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	445456	A. Building B. Wing	08/06/2025

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Waters of Sweetwater A Rehabilitation & Nursing	978 Hwy 11 South Sweetwater, TN 37874

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 0583 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Keep residents' personal and medical records private and confidential. **NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** Based on facility policy review, medical record review, observations, and interviews, the facility failed to ensure resident health information remained private and confidential for 1 resident (Resident #4) of 3 residents observed during medication administration, which had the potential to allow unauthorized individuals access to the resident's private health information.The findings include: Review of the facility's undated policy titled, What is HIPAA, revealed .any and all health information on a resident .that identifies an individual .in any form such as .electronic records .shall be the policy of the facility to protect and safeguard the PHI [Protected Health Information] created, acquired and maintained . Review of the medical record revealed Resident #4 was admitted to the facility on [DATE] with diagnoses including Cirrhosis of Liver, History of Falling, and Muscle Weakness. During an observation and interview on 8/5/2025 at 7:45 AM, on the upper 200 hall, revealed Licensed Practical Nurse (LPN) E walked away from the medication cart to enter Resident #4's room and left the computer screen unlocked which revealed Resident #4's private health information. Further observation revealed LPN E returned to the medication cart at 7:46 AM. LPN E confirmed the computer screen was left unlocked when she walked away from the medication cart to enter Resident #4's room. LPN E further confirmed Resident #4's private health information was not protected and was available for public to view. During an interview on 8/5/2025 at 3:48 PM, the Director of Nursing (DON) stated it was the facility's expectation that when a staff member walks away from a computer that the screen be locked to ensure sensitive health information was protected. The DON confirmed Resident #4's private health information was not protected on the upper 200 hall medication cart when LPN E did not lock the computer screen prior to leaving the medication cart.

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	445456	A. Building B. Wing	08/06/2025

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Waters of Sweetwater A Rehabilitation & Nursing	978 Hwy 11 South Sweetwater, TN 37874

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 0644 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Coordinate assessments with the pre-admission screening and resident review program; and referring for services as needed. **NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** Based on facility policy review, medical record review and interview, the facility failed to ensure a Pre-admission Screening and Resident Review (PASARR) screen was accurate after new mental health diagnoses were identified for 2 residents (Resident #67, and #33) of 9 residents reviewed for PASARR.The findings include:Review of the facility's policy titled, Guidelines for PASRR [Pre-admission Screening and Resident Review] {PASSARR} Process, dated 5/17/2023, revealed .federally mandated process that requires all states to pre-screen all residents .identify people, including adults, (residents), with mental illness .to ensure people, (residents), receive the required services for mental illness .people, residents, who are confirmed to have ID [Intellectual Disability], DD [Developmental Disability], or MI [Mental Illness] are evaluated to determine need for services .Review of the medical record revealed Resident #67 was admitted to the facility on [DATE] with diagnosis including Chronic Lung Disease. Further review revealed diagnoses including Adjustment Disorder with Depressed Mood, Insomnia, and Anxiety disorder was added after the resident admitted to the facility.Review of the PASARR for Resident #67 dated 11/3/2024 by the facility revealed Resident #67 had a diagnosis of .Depression - mild or situational, (suspected) . The PASARR outcome was .No Level II Condition-Level I Negative . Review of the medical record for Resident #67 revealed no documentation a PASARR was submitted for Level II Evaluation after new mental health diagnoses of Adjustment Disorder with Depressed Mood, Insomnia, and Anxiety Disorder were added.Review of the medical record revealed Resident #33 was admitted to the facility on [DATE] with diagnoses including Dementia, History of Alcoholism, Anxiety, Depression, and Insomnia. Further review revealed the diagnoses of Post-Traumatic Stress Disorder (PTSD) was added on 9/20/2024, and the diagnosis of Hallucinations was added on 4/8/2025.Review of the PASARR for Resident #33 dated 7/9/2024, by the local hospital, revealed Resident #33 had a History of Alcoholism, and no mental health diagnoses was known or suspected. PASARR Level I outcome was .no Level II Evaluation was required .Review of the PASARR for Resident #33 dated 7/22/2024, revealed Resident #33 had a History of Alcoholism, Dementia, and Anxiety Disorder, with PASARR result of .Level I with no status change .Review of the medical record for Resident #33 revealed no documentation a PASARR was submitted for Level II Evaluation after mental health diagnoses of Depression, and Insomnia were identified on admission, and no documentation a new PASARR was submitted after identification of the new mental health diagnoses of PTSD and Hallucinations were added. During an interview on 8/6/2025 at 9:20 AM, the Director of Nursing (DON) confirmed a PASARR had not been submitted to the state-designated authority for Resident #67 and Resident #33 after mental health diagnoses were identified and a new PASARR was not submitted after new mental health diagnoses were added.

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	445456	A. Building B. Wing	08/06/2025

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Waters of Sweetwater A Rehabilitation & Nursing	978 Hwy 11 South Sweetwater, TN 37874

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 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 facility policy review, manufacturer guidelines review, observation, and interview, the facility failed to properly store medications and biologicals in 1 of 2 medication rooms reviewed.The findings include:Review of the undated facility policy titled, Medication Storage in the Facility, revealed, .Medications and biologicals are stored safely, securely, and properly following the manufacturer or supplier recommendations .outdated, contaminated, or deteriorated drugs .will be immediately withdrawn from stock .they will be disposed of according to drug disposal procedures .facility staff will assure that the multi-dose vial is stored following manufacturer's suggested storage conditions .Review of the undated manufacturer guidelines titled, APLISOL - tuberculin purified protein derivative [TB ppd] injection [an injectable medication used to detect the bacteria that causes Mycobacterium tuberculosis] revealed, .Storage .This product should be stored between .36* [degrees] and 46* F [degrees Fahrenheit] .Vials in use more than 30 days should be discarded due to possible oxidation and degradation which may affect potency .During an observation of the [NAME] Unit 500 Medication Storage Room and interview with Licensed Practical Nurse (LPN) A on 8/5/2025 at 8:21 AM, revealed in the medication refrigerator, one FluAd Influenza vaccine 0.5 milliliter (ml) pre-filled syringe with an expiration date of 5/20/2025, and was available for resident use. Continued observation revealed a 30 ml opened multi-dose vial of TB ppd, was 3/4 full, and did not contain a date the vial had been opened. LPN A confirmed the opened vial of TB ppd did not contain an opened date, was unable to provide a date the vial was opened and was available for resident use. During an observation of the [NAME] Unit 500 Medication Storage Room and interview with LPN A on 8/5/2025 at 8:21 AM, revealed 8 Vacuette vials (tubes used for drawing and collecting blood) blue top 3.5 mL expired 10/31/2024, 1 Povidone-iodine swab expired 4/2025, 2 tubes of Bacitracin (antibiotic) ointment expired 6/2025, 2 Enteral Distal End En-fit Transition Connector with Cap (a medical device used with tube feedings) expired 4/18/2025, 48 No-Sting skin prep wipes expired 10/1/2024. LPN A confirmed these medications were expired and available for resident use. During an interview on 8/6/2025 at 9:20 AM, the Director of Nursing (DON) confirmed TB ppd vials should be dated when opened as they should be discarded within 30 days of opening. The DON confirmed the expired medications and items should have been discarded and were available for resident use.

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	445456	A. Building B. Wing	08/06/2025

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Waters of Sweetwater A Rehabilitation & Nursing	978 Hwy 11 South Sweetwater, TN 37874

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 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 facility policy review, medical record review, observations, and interview, the facility failed to offer hand hygiene assistance prior to meals for 3 residents (Resident #6, #16, and #77) of 2 of 4 hallways observed for meal tray distribution and staff failed to perform appropriate hand hygiene when serving residents' meal trays for 3 residents (Resident #63, #43, and #44) on 2 of 4 hallways. The findings include: Review of the facility's policy titled, Resident Dining Services, dated 12/16/2006, revealed .Staff members assigned to passing meal trays will practice proper hand hygiene techniques (handwashing or hand sanitizer) between each resident served on the hall .Review of the facility's policy titled, Handwashing/Hand Hygiene, revised 8/2014, revealed .facility considers hand hygiene the primary means to prevent the spread of infections .All personnel shall follow the handwashing/hand hygiene procedures to help prevent the spread of infections .Residents .encouraged to practice hand hygiene .Use an alcohol-based hand rub .or soap and water for the following situations .Before and after assisting a resident with meals .Review of the medical record revealed Resident #6 was admitted to the facility on [DATE] with diagnoses including Dementia, Diabetes, and Hypertension. Review of the comprehensive care plan for Resident #6's revised 2/13/2025, revealed .Self Care Deficit .requires assistance with ADLs [Activities of Daily Living] Functional .to maintain .highest .level of functioning .dependence needs .Personal Hygiene .due to altered mobility .Review of a quarterly Minimum Data Set (MDS) assessment dated [DATE], revealed Resident #6 scored a 00 on the Brief Interview for Mental Status (BIMS) assessment which indicated the resident had severe cognitive impairment. Further record review revealed Resident #6 required partial/moderate assistance with eating and required substantial/maximal assistance with personal hygiene. During an observation on 8/4/2025 at 12:40 PM, Certified Nursing Assistant (CNA) C delivered the lunch meal tray to Resident #6. CNA C set up tray for Resident #6, exited the room, and failed to offer the resident hand hygiene. Review of the medical record revealed Resident #16 was admitted to the facility on [DATE] with diagnoses including Dementia, Adult Failure to Thrive, and Muscle Weakness. Review of a quarterly MDS assessment dated [DATE], revealed Resident #16 scored a 15 on the BIMS assessment which indicated the resident was cognitively intact. Further record review revealed Resident #16 required supervision or touching assistance with eating and substantial/maximal assistance with personal hygiene.Review of the comprehensive care plan for Resident #16 revised 8/4/2025, revealed .has an ADL Self Care Performance Deficit .requires extensive assist [assistance] .participation with personal hygiene .requires SUPERVISION or touching assistance .to eat .During an observation on 8/4/2025 at 12:58 PM, CNA D delivered the lunch meal tray to Resident #16. CNA D set up tray for Resident #16, exited the room, and failed to offer the resident hand hygiene. Review of the medical record revealed Resident #77 was admitted to the facility on [DATE] with diagnoses including End Stage Renal Disease, Difficulty Walking, and Muscle Weakness.Review of a significant change MDS assessment dated [DATE], revealed Resident #77 scored a 15 on the BIMS assessment which indicated the resident was cognitively intact. Further record review revealed Resident #77 required supervision or touching assistance with eating and substantial/maximal assistance with personal hygiene.Review of the comprehensive care plan for Resident #77 revised 6/30/2025, revealed .Self Care Performance Deficit .requires assistance with ADL's .Provide assistance .Eating .Personal Hygiene .During an observation on 8/4/2025 at 1:01 PM, CNA D delivered the lunch meal tray to Resident #77. CNA D set up tray for Resident #77, exited the room, and failed to offer the resident hand hygiene.Review of the medical record revealed Resident #63 was admitted to the facility on [DATE] with diagnoses including Dementia, Diabetes, and Heart Failure. Review of the quarterly MDS assessment dated [DATE], revealed Resident #63 scored a 7 on the BIMS assessment which indicated the resident had severe cognitive impairment. Further record review revealed Resident #63 required supervision or touching assistance with eating and (continued on next page)

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	445456	A. Building B. Wing	08/06/2025

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Waters of Sweetwater A Rehabilitation & Nursing	978 Hwy 11 South Sweetwater, TN 37874

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 0880 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	partial/moderate assistance with personal hygiene. Review of the comprehensive care plan for Resident #63's revised 6/30/2025, revealed .ADLs .Self-care deficit related to .requires limited to extensive assistance with adl's . During an observation on 8/5/2025 at 12:44 PM, CNA C delivered the lunch meal tray to Resident #63. CNA C set up the tray for Resident #63, exited the room, and failed to perform hand hygiene.Review of the medical record revealed Resident #43 was admitted to the facility on [DATE] with diagnoses including Heart Failure, Glaucoma, and Chronic Obstructive Pulmonary Disease.Review of the comprehensive care plan for Resident #43 dated 5/26/2025, revealed .has Self Care Deficit .require assistance with ADL's to maintain .highest possible level of functioning .Eating .supervision .set up support .Personal Hygiene .usually require extensive assistance .Review of a quarterly MDS assessment dated [DATE], revealed Resident #43 scored an 11 on the BIMS assessment which indicated the resident had moderate cognitive impairment. Further record review revealed Resident #43 required supervision or touching assistance with eating and partial/moderate assistance with personal hygiene.During an observation on 8/4/2025 at 12:46 PM, CNA C delivered the lunch meal tray to Resident #43. CNA C set up the tray for Resident #43, exited the room, and failed to perform hand hygiene.Review of the medical record revealed Resident #44 was admitted to the facility on [DATE] with diagnoses including Parkinson's Disease, Diabetes, and Anxiety Disorder.Review of the comprehensive care plan for Resident #44 dated 4/16/2025, revealed .ADL's .Self Care Deficit related to .left sided weakness .require assistance with ADL's to maintain .highest possible level of functioning .Review of the quarterly MDS assessment dated [DATE], revealed Resident #44 scored a 9 on the BIMS assessment which indicated the resident had moderate cognitive impairment. Further record review revealed Resident #44 required supervision or touching assistance with eating and partial/moderate assistance with personal hygiene.During an observation on 8/4/2025 at 12:50 PM, CNA C delivered the lunch meal tray to Resident #44. CNA C set up the tray for Resident #44, exited the room, and failed to perform hand hygiene.During an interview on 8/4/2025 at 1:00 PM, CNA C confirmed she had not offered Resident #6 hand hygiene prior to serving lunch meal tray and she had not performed hand hygiene while passing the lunch trays to Resident #63, #43, and #44.During an interview on 8/4/2025 at 1:01 PM, CNA D confirmed she had not offered Resident #16 and #77 hand hygiene prior to serving the lunch meal tray.During an interview on 8/6/2025 at 7:55 AM, the Director of Nursing (DON) confirmed staff should offer residents hand hygiene prior to serving meal trays and staff should perform hand hygiene after serving each meal tray. The DON confirmed infection prevention control practices were not maintained during the lunch meal service on 8/4/2025 when the staff failed to offer hand hygiene assistance to residents prior to lunch service and failed to perform hand hygiene between passing lunch trays.