

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 445457	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 02/26/2026
NAME OF PROVIDER OR SUPPLIER Monroe Health and Rehabilitation Center		STREET ADDRESS, CITY, STATE, ZIP CODE 465 Isbill Rd Madisonville, TN 37354	

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)
<p>F 0584</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Honor the resident's right to a safe, clean, comfortable and homelike environment, including but not limited to receiving treatment and supports for daily living safely.</p> <p>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** Based on facility policy review, observations, and interviews, the facility failed to maintain a clean and sanitary environment for 5 resident rooms (room [ROOM NUMBER], #114, #116, #117 and #118) of 8 rooms observed on 1 of 2 hallways for a clean and sanitary environment. The findings include: Review of the facility policy titled, Routine Bathroom Cleaning, dated 6/2025, revealed .provide a clean and sanitary environment for residents .clean entire toilet including handle and underside of flush rim. Apply disinfectant and allow sufficient contact time .report areas of .damaged items in need of repair .Review of the facility policy titled, Routine Cleaning and Disinfection, dated 6/2025, revealed .it is the policy of this facility to ensure the provision of routine cleaning and disinfection in order to provide a safe, sanitary environment and to prevent the development and transmission of infections to the extent possible .During observations on 2/23/2026 at 10:56 AM, 2/24/2026 at 11:00 AM, and 2/25/2026 at 2:00 PM, revealed room [ROOM NUMBER]-B contained a motorized wheelchair, with dried debris on the cushion, arms of the chair, and a large amount of multi-colored debris, small pieces to quarter size chunks, on the undercarriage. During observations on 2/23/2026 at 10:58 AM, 2/24/2026 at 11:02 AM, and 2/25/2026 at 2:02 PM, revealed room [ROOM NUMBER]'s bathroom contained a trash can without a bag, with a dried brown substance on the outside, the rim, and the inside of the trash can. Further observation revealed the toilet had 2 areas of dried yellow residue on the seat, and a yellow/orange substance around the base of the toilet. During observations on 2/23/2026 at 11:10 AM, 2/24/2026 at 11:04 AM, and 2/25/2026 at 2:10 PM, revealed room [ROOM NUMBER]'s bathroom had a yellow/orange substance around the base of the toilet. During an observation on 2/23/2026 at 11:18 AM, 2/24/2026 at 11:06 AM, and 2/25/2026 at 2:13 PM, revealed room [ROOM NUMBER]-A contained a wheelchair with a fabric heel protector cushion attached to the right arm as an armrest. The cushion was spattered with small to pea-size unknown multi-colored particles. During observations on 2/23/2026 at 11:21 AM, 2/24/2026 at 11:08 AM, and 2/25/2026 at 2:14 PM, revealed room [ROOM NUMBER]'s bathroom had brown residue at the front base of the toilet. During observations on 2/23/2026 at 11:25 AM, 2/24/2026 at 11:15 AM, and 2/25/2026 at 2:25 PM, revealed room [ROOM NUMBER]'s bathroom had a yellow/orange substance around the base of the toilet. During an observation and interview on 2/26/2026 at 2:30 PM, in room [ROOM NUMBER]'s bathroom, revealed the Administrator stated the substance around the toilets may be related to the wax ring. The Administrator used a wet wipe to determine if the yellow/orange substance could be easily cleaned, and after wiping a small area around the toilet, the substance was easily removed. The Administrator confirmed the area around the toilet was not clean.</p>

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
FORM CMS-2567 (02/99) Previous Versions Obsolete	Event ID: Facility ID: 445457	If continuation sheet Page 1 of 4

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<p>F 0842</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Safeguard resident-identifiable information and/or maintain medical records on each resident that are in accordance with accepted professional standards.</p> <p>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** Based on facility policy, medical record review, and interviews, the facility failed to maintain an accurate and complete medical record for 3 residents (Resident's #77, #5, and #6) of 24 sampled residents. The findings include:</p> <p>Review of the facility policy titled Fall Prevention Program, revised 10/01/2025, revealed .When any resident experiences a fall, the facility will .document all evaluations/assessments and actions taken .</p> <p>Review of the facility's undated policy titled Medication Administration, revealed .Review MAR [Medication Administration Record] to identify medication to be administered .Remove medication from source .Administer medication as ordered .Sign MAR after administered .</p> <p>The findings include:</p> <p>Review of the facility policy Fall Prevention Program dated 10/08/2024, revised 10/01/2025, revealed .When any resident experiences a fall, the facility will .document all evaluations/assessments and actions taken .</p> <p>Review of the medical record revealed Resident #77 was admitted to the facility on [DATE] with diagnoses including Cerebral Infarction, Difficulty in Walking, Heart Failure and Breast Cancer.</p> <p>Review of an admission Minimum Data Set (MDS) assessment dated [DATE], revealed Resident #77 scored an 11 on the Brief Interview for Mental Status (BIMS) assessment which indicated the resident had moderate cognitive impairment. Further review revealed Resident #77 had a history of falls.</p> <p>Review of a comprehensive care plan dated 9/15/2025, revealed Resident #77 had a .ADL [activities of daily living] self-care performance deficit related to CVA [stroke] .at risk for falls .</p> <p>Review of a Fall Scene Investigation Report for Resident #77 dated 10/3/2025 5:30 PM, .found on the floor .</p> <p>Review of an unwitnessed Fall with head injury record dated 10/3/2025 at 17:30, revealed Resident #77 found in room on the floor at foot of bed.</p> <p>During an interview on 2/25/2026 at 9:45 AM, Director of Nursing (DON) stated that on 10/3/2025 Resident #77 had a fall on 10/3/2025 at 5:30 PM and confirmed the documentation in Resident #77's medical record was not accurate and did not reflect the fall.</p> <p>Review of the medical record revealed Resident #5 was admitted to the facility on [DATE] with diagnoses including Chronic Obstructive Pulmonary Disease (COPD), Diabetes Mellitus, End Stage Renal Disease, and Dependence on Hemodialysis (use of machinery to filter wastes from the blood).</p> <p>Review of the comprehensive care plan dated 8/1/2025, revealed Resident #5's care plan included, .The resident has Diabetes Mellitus .Administer Diabetes medication as ordered by doctor .</p> <p>Review of a quarterly Minimum Data Set (MDS) assessment dated [DATE], revealed Resident #5 scored a</p> <p>(continued on next page)</p>		

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<p>F 0842</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>13 on the Brief Interview for Mental Status (BIMS) assessment which indicated the resident was cognitively intact.</p> <p>Review of a Physician's Order for Resident #5 dated 10/13/2025, revealed .Lacosamide Oral Solution 100 MG [milligrams]/10 ML [milliliter] .Give 10 mL .in the evening every Mon [Monday], Wed [Wednesday], and Fri [Friday] for seizure disorder, give after HD [Hemodialysis] sessions .</p> <p>Review of the MAR for Resident #5 dated 2/1/2028-2/28/2028, revealed Lacosamide was scheduled for the PM med pass (3:00 PM-6:00 PM). Further review revealed no documentation the lacosamide was administration on 2/23/2026.</p> <p>Review of a Physician's Order for Resident #5 dated 10/30/2025, revealed .Levothyroxine Sodium .75 mcg [micrograms] . give 1 tablet .one time a day .</p> <p>Review of the MAR for Resident #5 dated 2/1/2028-2/28/2028, revealed no documentation the levothyroxine was administered on 2/21/2026 at 6:00 AM.</p> <p>Review of a Physician's Order for Resident #5 dated 12/2/2025, revealed .Insulin Lispro Injection Solution .Inject as per sliding scale: if 0 - 150 = 0 units; 151 - 200 = 2 units; 201 - 250 = 4 units; 251 - 300 = 6 units; 301 - 350 = 8 units; 351 - 400 = 10 units; 401 - 450 = 12 units; 451+ = Notify MD, subcutaneously every 6 hours for Diabetes .glucose <60 or >451 notify MD .</p> <p>Review of the MAR for Resident #5 dated 2/1/2028-2/28/2028, revealed no documentation of the blood glucose level (required to determine the amount of insulin units to administer) on 2/2/2026 at 6:00 PM, 2/5/2026 at 6:00 PM, 2/7/2026 at 6:00 PM, and 2/23/2026 at 6:00 PM.</p> <p>Review of a Physician's Order for Resident #5 dated 2/10/2026, revealed .[metoclopramide] .5 mg .give 1 tablet .before meals for nausea .</p> <p>Review of the MAR for Resident #5 dated 2/1/2028-2/28/2028, revealed no documentation the metoclopramide was administered on 2/21/2030 at 6:30 AM, 2/23/2026 at 4:30 PM, and 2/24/2026 at 6:30 AM.</p> <p>Review of the medical record revealed Resident #6 was admitted to the facility on [DATE] with diagnoses including Type 1 Diabetes Mellitus with Chronic Kidney Disease, History of a Stroke, and Congestive Heart Failure.</p> <p>Review of the comprehensive care plan dated 8/4/2025, revealed Resident #6's care plan included .The resident has Diabetes Mellitus .Administer Diabetes medication as ordered by doctor . Review of a quarterly MDS assessment dated [DATE], revealed Resident #6 scored a 12 on the BIMS assessment, which indicated the resident had moderate cognitive impairment. Review of a Physician's Order for Resident #6 dated 2/20/2026, revealed .Insulin Lispro Injection Solution 100 units/mL .Inject as per sliding scale: if 151 - 200 = 2 units; 201 - 250 = 4 units; 251 - 300 = 6 units; 301 - 350 = 8 units; 351 - 400 = 10 units; 401 - 450 = 12units; >451 notify physician, subcutaneously three times a day every Mon [Monday], Wed [Wednesday], Fri [Friday] for dm [Diabetes Mellitus] .</p> <p>Review of the MAR for Resident #6 dated 2/1/2026-2/28/2026, revealed no documentation of the blood glucose level (required to determine the amount of insulin units to administer) on 2/23/2026 at 5:00 PM.</p> <p>(continued on next page)</p>		

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<p>F 0842</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>During an interview on 2/26/2026 at 4:00 PM, the Director of Nursing (DON) confirmed medications should be documented on the MAR when administered or withheld and should contain the reason for holding a medication. The DON confirmed the MAR for Residents #5 and #6 contained blanks which meant those doses of scheduled medications were not documented.</p>		