STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	445459	A. Building B. Wing	08/13/2025

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Hancock Manor Nursing Home	1423 Main Street Sneedville, TN 37869

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 0657 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Develop the complete care plan within 7 days of the comprehensive assessment; and prepared, reviewed, and revised by a team of health professionals. (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 0657 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	**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 revise the comprehensive care plan for 1 resident (Resident #6) of 12 residents reviewed for care plans.The findings include:Review of the facility's policy titled, Care Plans, Comprehensive Person-Centered, revised 12/2016, revealed .A comprehensive, person-centered care plan that includes measurable objectives and timetables to meet the resident's physical, psychosocial and functional needs is developed and implemented for each resident .Identifying problem areas and their causes, and developing interventions that are targeted and meaningful to the resident .Assessments of residents are ongoing and care plans are revised as information about the residents and the residents' conditions change .The interdisciplinary Team must review and update the care plan .when the resident has been readmitted to the facility from a hospital stay .Medical record review revealed Resident #6 was admitted to the facility on [DATE] with diagnoses including Hypertensive Heart Disease, Atrial Fibrillation, Diabetes, Dysphagia (difficulty swallowing), and Percutaneous Endoscopic Gastrostomy (PEG) Tube (a feeding tube inserted through the abdominal wall into the stomach, allowing for direct delivery of liquid nutrition or medication when someone cannot eat or drink normally).Review of a significant change Minimum Data Set (MDS) assessment dated [DATE], revealed Resident #6 scored a 99 on the Brief Interview for Mental Status (BIMS) assessment, which indicated the resident was unable to participate in the interview. Further review revealed the resident required a feeding tube.Medical record review revealed Resident #6 was transferred to the emergency room (ER) for dislodgement of the PEG tube on 2/28/2025, 3/9/2025, 5/24/2025, and 7/25/2025.Review of a comprehensive care plan for Resident #6 dated 7/9/2025, revealed .has a PEG Tube for nutrition .resident will not have injury related to aspiration [inhaling food or liquid into the airways] .will maintain weight and nutritional balance .out to ER on [DATE] for resident pulling out his peg tube .out to ER [DATE]-pulled tube out .05/24/2025 out to ER for peg tube replacement due to dislodging . Further review revealed no documentation the care plan had been revised to include the resident manipulated the PEG tube.During an observation on 8/11/2025 at 10:05 AM, Resident #6 was sitting in his wheelchair, pleasantly confused, well-groomed, with no restlessness, and was not observed manipulating the PEG tube.During an observation on 8/12/2025 at 2:00 PM, Resident #6 was sitting in a chair at the bedside. Resident #6 was pleasantly confused, well-groomed, with no restlessness, and was not observed manipulating the PEG tube.During an interview on 8/13/2025 at 10:05 AM, Certified Nursing Assistant (CNA) A stated, .we sometimes use a velcro covering on his [Resident #6's] stomach .to try and keep him from pulling at his feeding tube, but he [Resident #6] pulls at the covering, it [velcro covering] gets pulled up higher toward his chest .so it [velcro covering] doesn't always keep the feeding tube covered . During an interview on 8/13/2025 at 11:30 AM, the Director of Nursing (DON) confirmed a velcro abdominal binder was used as indicated when Resident #6 was restless to help maintain the PEG tube position due to past inadvertent dislodging. The DON stated the resident pulled at the velcro abdominal binder at times, which kept the binder from covering the PEG tube.During an interview on 8/13/2025 at 11:35 AM, the Minimum Data Set (MDS) Nurse confirmed the comprehensive care plan for Resident #6 had not been revised to include the resident's manipulation of the PEG tube or interventions.

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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 - Many	Procure food from sources approved or considered satisfactory and store, prepare, distribute and serve food in accordance with professional standards. Based on facility policy review, observations, and interview, the facility failed to ensure food items were sealed properly, and failed to ensure expired foods were not available for resident use which had the potential to affect 29 of 30 residents. The findings include:Review of the facility's policy titled, Food Storage, dated 7/11/2024, revealed .All products should be inspected for safety .Use Use-By dates on all food . Review of the facility's policy titled, Food Receiving and Storage, dated 11/2017, revealed .Dry foods that are stored in bins will be .labeled and dated (use by date) .All foods stored in the .freezer will be covered . labeled and dated (use by date) .During an observation of the food preparation area on 8/11/2025 at 10:04 AM with the Certified Dietary Manager (CDM), revealed the following:Two undated/unlabeled 8-quart plastic containers of dry cereal with 2 quarts remaining in one, and 4-quarts remaining in the other. One undated/unlabeled 12-quart plastic container of dry cereal with 1-quart remaining.During an interview on 8/11/2025 at 10:07 AM, the CDM confirmed the dry food items had not been stored properly. During an observation of the dry storage area on 8/11/2025 at 10:13 AM, with the CDM, revealed the following: 1. One undated 18-quart plastic container of bow tie pasta with 6 quarts remaining.2. Two 55-ounce cans of ripe olives with a use by date of 7/1/2025.During an interview on 8/11/2025 at 10:17 AM, the CDM confirmed the bow tie pasta had not been stored properly and the two cans of ripe olives had a use by date of 7/1/2025, had not been discarded, and was available for resident use. During an observation of the walk-in freezer on 8/11/2025 at 10:23 AM, with the CDM, revealed the following: 1. One unsealed, unlabeled, and undated bag of hash browns.2. One unsealed, unlabeled, and undated bag of french fries. During an interview on 8/11/2025 at 10:30 AM, the CDM confirmed frozen foods were open to air, unlabeled, undated, were not stored properly, and was available for resident use.

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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** Based on facility policy review, medical record review, observation and interviews, the facility failed to ensure contracted staff followed Enhanced Barrier Precautions (EBPs - an infection control strategy using personal protective equipment (PPE) such as isolation gowns during high-contact care to reduce the risk of spreading multidrug-resistant organisms) for 1 resident (Resident #6) of 7 residents reviewed for EBPs.The findings include:Review of the facility's policy titled, Enhanced Barrier Precautions, dated 8/2022, revealed . Enhanced barrier precautions .are used as an infection prevention and control intervention .EBPs employ targeted gown and glove use during high contact resident care activities .Examples of high-contact activities requiring the use of gown and gloves for EBPs include .dressing .bathing/showering .providing hygiene . changing briefs .device care or use .urinary catheter, feeding tube .Medical record review revealed Resident #6 was admitted to the facility on [DATE] with diagnoses including Heart Disease, Diabetes, and Tube Feeding Placement.Review of the Physician's orders for Resident #6 dated 3/24/2025, revealed an order for Enhanced Barrier Precautions due to Chronic Wounds, Percutaneous Endoscopic Gastrostomy (PEG) (a tube surgically inserted into the abdominal wall to provide nutrition, hydration, and medication) and a urinary catheter.Review of a facility document titled Facility Notification of Hospice Admission, for Resident #6 dated 6/28/2025, revealed the resident was admitted to Hospice services.Review of the comprehensive care plan for Resident #6 dated 3/29/2025, revealed .enhanced barrier precautions will be maintained .follow enhanced barrier precaution guidelines when providing care .direct care activities include dressing, bathing/showering, transferring, providing hygiene, changing linens, assisting with toileting and incontinent care .Review of a significant change Minimum Data Set (MDS) assessment dated [DATE], revealed Resident #6 scored a 99 on the Brief Interview for Mental Status (BIMS) assessment, which indicated he was unable to participate in the interview. Further review revealed the resident required a feeding tube, a urinary catheter, and had a wound.During an observation and interviews on 8/12/2025 at 9:03 AM, revealed Resident #6 had a red rectangular sign attached to the left side of the door trim which stated .isolation .PPE gown and gloves required . Further review revealed a storage bin located near Resident #6's room with appropriate PPE. Further observation revealed two contracted hospice personnel at the bedside, providing Activities of Daily Living (ADL) care for Resident #6. Hospice Licensed Practical Nurse (LPN) B and Hospice Certified Nursing Assistant (CNA) C were not wearing isolation gowns. Hospice LPN B and Hospice CNA C stated they provided care for Resident #6 routinely, and were unaware the resident was on EBPs and confirmed they failed to wear an isolation gown when they provided care for Resident #6.During an interview on 8/13/2025 at 11:20 AM, the Director of Nursing confirmed Hospice LPN B and Hospice CNA C had not followed the facility's infection control policy for EBP's.