

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 445463	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 06/21/2024
NAME OF PROVIDER OR SUPPLIER Bells Nursing and Rehabilitation Center		STREET ADDRESS, CITY, STATE, ZIP CODE 213 Herndon Drive Bells, TN 38006	
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 0550</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 dignified existence, self-determination, communication, and to exercise his or her rights.</p> <p>38439</p> <p>Based on policy review, observation, and interview, the facility failed to maintain or enhance residents' dignity and respect during dining when 6 of 18 staff members Certified Nursing Assistant (CNA) C, CNA E, and CNA F, Hydration Aides K and Hydration Aide L, Licensed Practical Nurse (LPN) M, and Activities Tech O, failed to knock and/or announce themselves before entering a resident's room and failed to use courtesy titles when addressing residents and referring to residents.</p> <p>The findings include:</p> <ol style="list-style-type: none"> Review of the facility's policy titled, Dignity, revised 2021, revealed, Each resident shall be cared for in a manner that promotes and enhances his or her sense of well-being, level of satisfaction with life, and feelings of self-worth and self-esteem .Residents are treated with dignity and respect at all times .Staff are expected to knock and request permission before entering residents' rooms. Staff speak respectfully to residents at all times, including addressing the resident by his or her name of choice and not labeling or referring to the resident by his or her room number, diagnosis, or care needs . Observation in the East Hall during dining on 6/17/24 at 11:08 AM, revealed CNA E, sanitized her hands, removed a tray from the meal cart, entered Resident #20's room, placed the tray on the over the bed table and began to set up the meal tray. CNA E failed to knock and/or announce herself before entering the resident's room. Observation in the East hall during dining on 6/17/2024 at approximately 11:15 AM, CNA E sanitized her hands, entered Resident #6's room, picked up the call light off of the floor, returned to the meal cart and removed a tray, entered Resident #6's room, placed the tray on the over the bed table and began to set up the meal tray. CNA E failed to knock and/or announce herself before entering the resident's room. Observation in the East back hall during dining on 6/18/24 at 5:12 PM, revealed Hydration Aide K and Hydration Aide L removed a tray from the meal cart, entered Resident #11 and Resident #55's room and failed to knock and/or announce themselves. <p>(continued on next page)</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
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<p>F 0550</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Observation in the East Hall during dining on 6/18/2024 at 5:20 PM, revealed Hydration Aide K, sanitized her hands, removed a tray from the meal cart, entered Resident #20's room, placed the tray on the over the bed table, set up the meal tray, exited the room and returned to the meal cart. Hydration K failed to knock and/or announce herself before entering the resident's room.</p> <p>4. Observation in the East Hall during dining on 6/18/2024 at approximately 5:22 PM, revealed CNA C, removed a tray from the meal cart, entered Resident #57's room, placed the tray on the over the bed table, set up the meal tray and exited the resident's room. CNA C failed to knock and/or announce herself before entering the resident's room.</p> <p>5. Observation in the East back hall during dining on 6/18/2024 at approximately 5:25 PM, revealed CNA F in a loud voice while walking down the hall stated, Who down here got to be fed .</p> <p>LPN A stated, [Named Resident #222 and Named Resident #175], who is feeding [Resident #5]. CNA F stated, I am feeding [Named Resident #5]. Activities Tech stated, [Named Resident #5] already been fed.</p> <p>6. Observation in the East back hall during dining on 6/18/2024 at approximately 5:27 PM, revealed Activities Tech O removed a tray from the meal cart and entered Resident #222's room, placed the tray on the over the bed table, set up the meal tray and began to assist Resident #222 with her lunch meal. The Activities Tech failed to knock and/or announce herself before entering the resident's room.</p> <p>During an interview on 6/20/24 at 1:00 PM, the Director of Nursing (DON) confirmed that staff should knock and/or announce themselves before entering a resident's room to provide care or serve a meal. The DON confirmed that staff should address residents with courtesy titles or what is preferred and care planned, using the residents first or last name adding Mr. and Mrs. and that residents should not be referred to as feeders.</p>		

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<p>F 0684</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Provide appropriate treatment and care according to orders, resident's preferences and goals.</p> <p>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 33379</p> <p>Based on medical record review, observation, and interview the facility failed to follow physician's preventive measures order for wounds for 1 of 16 (Resident #43) sampled residents reviewed for physician orders.</p> <p>The findings include:</p> <p>Review of the medical record revealed Resident #43 was admitted on [DATE], with diagnoses including Alzheimer's, Diabetes, Stage 3 Pressure Ulcer of Sacral, Stage 4 Pressure Ulcer Left Lateral Leg, and Unstageable Left Heel.</p> <p>Review of the Care Plan dated 1/20/2024 revealed .returned from recent hospital stay with a stage II to sacrum .Implement pressure ulcer treatment per MD order .03/26/24 [3/26/2024]: Stage III to sacrum resolved as of this date .Stage III to sacrum reopened as of this date. To be treated per MD orders .</p> <p>Review of the quarterly Minimum Data Set (MDS) dated [DATE], revealed Resident #43 was moderately impaired for daily decision making, and had 1 stage 3 pressure ulcer and 3 deep tissue injury.</p> <p>Review of the Physician's Orders dated 3/28/2024, revealed .apply calmoseptine [an ointment and moisture barrier that protects and helps heal skin irritations .] to sacrum .bilateral buttocks .every shift for preventative measures .</p> <p>Review of the April 2024 Treatment Administration Record (TAR) revealed .apply calmoseptine [an ointment and moisture barrier that protects and helps heal skin irritations .] to sacrum .bilateral buttocks .every shift for preventative measures .Start Date 03/27/2024 . The treatment to the sacrum wound was not signed as being administered on 4/1/2024, 4/6/2024, 4/7/2024, 4/10/2024, 4/15/2024, 4/17/2024, 4/19/2024, 4/26/2024, and 4/29/2024.</p> <p>Review of the May 2024 Treatment Administration Record (TAR) revealed .apply calmoseptine to sacrum . bilateral buttocks .every shift for preventative measures .Start Date 03/27/2024 . The treatment to the sacrum wound was not signed as being administered on 5/13/2024, 5/14/2024, 5/15/2024, 5/20/2024, 5/21/2024, 5/22/2024, 5/24/2024, and 5/31/2024.</p> <p>Observation in Resident #43's room on 6/20/2024 at 7:20 AM, revealed resident dressed lying in the bed, eating a jelly and biscuit.</p> <p>During an interview on 6/21/2024 at 10:37 AM, the Director of Nursing (DON) was shown the TAR for April and MAY and confirmed there should not be empty blanks on the TAR and the Physician orders were not followed.</p>

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<p>F 0695</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Provide safe and appropriate respiratory care for a resident when needed.</p> <p>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 46047</p> <p>Based on policy review, medical record review, and interview, the facility failed to ensure the residents oxygen tubing and humidifier bottle was dated for 2 of 4 (Resident #54 and #224) reviewed for oxygen.</p> <p>The findings include:</p> <ol style="list-style-type: none"> 1. Review of the facility's policy titled, Oxygen Administration, dated 4/2014, revealed The purpose of this procedure is to provide guidelines for safe oxygen administration .Before administering oxygen, and while the resident is receiving oxygen therapy .Oxygen tubing should be replaced weekly as well as humidifier bottles .should be labeled with a resident identifier and dated . 2. Review of the medical record revealed #54 was admitted on [DATE], with diagnoses including Parkinson's, Heart Failure, and Chronic Obstructive Pulmonary Disease <p>Review of the annual Minimum Data Set (MDS) dated [DATE], revealed #54 had a Brief Interview for Mental Score (BIMS) score of 13, indicating the resident had intact cognition, and was not coded for oxygen.</p> <p>Review of the care plan dated 4/8/2024, revealed Resident #54 was care planned for oxygen use as needed.</p> <p>Review of the physician's order dated 6/4/2024, revealed Resident #54 had an order for oxygen at 2-3 liters per minute bi-nasal canula as needed.</p> <p>Observations in the resident's room on 6/17/2024 at 3:21 PM and on 6/18/2024 at 8:58 AM, 10:43 AM, and 3:34 PM, revealed Resident #54's oxygen tubing had no date on it and the humidifier bottle was dated 6/7/2024.</p> <ol style="list-style-type: none"> 3. Review of the medical record revealed Resident #224 was admitted to the facility on [DATE], with diagnoses including Chronic Obstructive Pulmonary Disease, Atrial Fibrillation, and Anxiety. <p>Review of the admission MDS dated [DATE], revealed Resident #224 had a BIMS score of 13, indicating the resident had intact cognition and had oxygen.</p> <p>Review of the physician order dated 6/4/2024, revealed Resident #224 had an order for oxygen bi-nasal cannula at 2 liter per minute for oxygen saturation less than 92 percent as needed.</p> <p>Observations in the resident's room [ROOM NUMBER]/17/2024 at 3:34 PM and 6/18/2024 at 3:17 PM and 3:32 PM, revealed Resident #224's oxygen tubing and humidifier bottle had no date on them.</p> <p>During an interview in the resident's room on 6/18/2024 at 3:17 PM, Resident #224 confirmed the use of oxygen as needed. Resident #224 stated, .They only put it (Oxygen) on me when they check my vitals, if the oxygen is low. They put it on me this morning .</p> <p>(continued on next page)</p>		

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<p>F 0695</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>4. During an interview on 6/18/24 at 3:26 PM, the Director of Nurses (DON) asked when the oxygen tubing and the humidifier bottle should be changed. The DON stated, .the tubing and humidifier bottle should be dated and changed every 7 days .</p> <p>During an observation and interview in the resident's room on 6/18/2024 at 3:32 PM, the DON confirmed Resident #224's oxygen tubing and humidifier bottle was not dated.</p> <p>During an interview on 6/18/2024 at 3:34 PM, the DON confirmed Resident #54's oxygen tubing was not dated and the humidifier bottle was dated 6/7/2024. The Director of Nurses confirmed Resident #54's oxygen tubing should have a date on it. The DON stated, .it is our responsibility for replacing and making sure the tubing and humidifier is changed every 7 days and dated the tubing should have a date and the humidifier bottle should have been changed by the 6/14/2024.</p>

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<p>F 0880</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Some</p>	<p>Provide and implement an infection prevention and control program.</p> <p>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 38439</p> <p>Based on policy review, medical record review, observation, and interview, the facility failed to ensure proper infection control practices were followed when 1 of 1 Licensed Practical Nurse (LPN R) failed to sanitize her stethoscope, failed to follow Enhanced Barrier Precautions during medication administration, when 2 of 2 Certified Nursing Assistants (CNA P and CNA Q) failed to follow Enhanced Barrier Precautions (EBP) during incontinence care, when the facility failed to ensure resident care items and equipment were labeled, contained and properly stored in resident shared bathrooms, and when 1 of 20 Certified Nursing Assistant (CNA E) directly touched residents food with her bare hands and failed to use proper hand hygiene after touching items in residents rooms during dining.</p> <p>The findings include:</p> <p>1. Review of the facility's policy titled, Enhanced Barrier Precautions, dated August 2022, revealed . Enhanced barrier precautions (EBPs) are used as an infection prevention and control intervention to reduce the spread of multi-drug resistant organisms (MDROs) to residents .EBPs employ targeted gown and glove use during high contact resident care activities when contact precautions do not otherwise apply .Gloves and gown are applied prior to performing the high contact resident care activity .Examples of high contact . activities .include .device care or use .feeding tube .any skin opening requiring a dressing .indwelling medical devices .</p> <p>Review of the facility's policy titled, Handwashing/Hand Hygiene, revised 10/2023, revealed .All personnel are expected to adhere to hand hygiene policies and practices to help prevent the spread of infections to other personnel, residents, and visitors .Indications for Hand Hygiene .after touching the resident's environment .immediately after glove removal .Single-use disposable gloves should be used .when anticipating contact with blood or body fluids .when in contact with a resident, or equipment or environment of a resident, who is on contact precautions .The use of gloves does not replace hand washing/hand hygiene .</p> <p>2. Review of the medical record revealed Resident #372 was admitted to the facility on [DATE] with diagnoses of Dysphagia and Gastrostomy Status. Resident was placed in Enhanced Barrier Precaution at that time.</p> <p>Review of the Physician's Orders dated 6/17/2024 revealed that Enhanced Barrier Precautions were put into place for Resident #372.</p> <p>Observation in the resident's room on 6/20/2024 at 1:35 PM, revealed LPN R failed to wear a gown when disconnecting Resident #372's enteral feeding tube from the PEG Percutaneous Endoscopic Gastrostomy tube (a tube that is inserted into the stomach to allow you to receive nutrition). LPN R also failed to sanitize the stethoscope used to check placement of the PEG tube before exiting the room.</p> <p>During an interview on 6/20/2024 at 9:14 AM, the DON confirmed staff should wear Personal Protection Equipment (PPE) when entering a room where EBP should be used.</p> <p>Review of the medical record revealed Resident #26 admitted on [DATE] with diagnoses of Anxiety, Dementia, Peripheral Vascular Disease, and Pressure Ulcers.</p> <p>(continued on next page)</p>		

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<p>F 0880</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Some</p>	<p>Review of the quarterly Minimum Data Set, dated dated [DATE] revealed Resident #26 had a BIMS score of 15, indicating intact cognition and was coded for having a pressure ulcer.</p> <p>Review of the facility's Order Listing Report revealed Resident #26 was on enhanced barrier precautions due to a venous ulcer dated 6/17/2024.</p> <p>Observation in Resident #26's room on 6/17/2024 at 3:52 PM, revealed CNA P was providing incontinent care and did not wear proper PPE (Personal Protective Equipment) for Enhanced Barrier Precautions. CNA P then removed gloves, left resident's room to get assistance, did not perform hand hygiene. CNA P and CNA Q entered Resident #26's room, put on gloves without performing hand hygiene, and performed incontinent care without the proper PPE's.</p> <p>During an interview on 6/20/2024 at 4:14 PM, the Director of Nursing (DON) confirmed that staff should wear correct PPE for EBP when providing incontinent care which consists of gloves and a gown.</p> <p>3. Review of the medical record revealed Resident #32 was admitted to the facility into room [ROOM NUMBER] B on 4/22/2024 with diagnoses of Fracture of Sacrum, Fracture of Right Pubis, Repeated Falls, Pain, and Atrial Fibrillation.</p> <p>Review of the admission MDS dated [DATE] revealed Resident #32 had a BIMs of 11, which indicated the resident was moderately cognitively impaired, requires assistance from staff for toileting and personal hygiene, and incontinent of both bowel and bladder.</p> <p>Review of the Care Plan dated 5/10/2024 revealed, .ADL limitations .Toileting .Requires dependent assistance .</p> <p>Review of the medical record revealed Resident #57 was admitted to the facility on [DATE] into room [ROOM NUMBER] B with diagnoses of Osteoarthritis, Pain Left and Right Shoulders, Muscle Weakness, and Need for Assistance with Personal Care.</p> <p>Review of the quarterly MDS dated [DATE] revealed Resident #57 had a BIMs of 13, which indicated the resident was cognitively intact, required moderate assistance from staff for ADLs, and incontinent of both bowel and bladder.</p> <p>Review of the Care Plan dated 2/20/2024 revealed, .ADL limitations .Toileting .Requires dependent assistance .</p> <p>Review of the medical record revealed Resident #175 was admitted to the facility on [DATE] with diagnoses of Nontraumatic Intracerebral Hemorrhage, Nontraumatic Chronic Subdural Hemorrhage, Dementia, Epilepsy, Dysphagia, and Urinary Tract Infection.</p> <p>Review of the admission MDS dated [DATE] revealed Resident #175 had a BIMs of 4, which indicated the resident was severely cognitively impaired, moderately to dependent on staff for ADLs, incontinent of both bowel and bladder.</p> <p>Review of the Care Plan dated 6/18/2024 revealed, .ADL limitations .Incontinence .Infection risk r/t [related] history of Sepsis/UTI [urinary tract infection] .</p> <p>(continued on next page)</p>		

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<p>F 0880</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Some</p>	<p>Observation in the shared bathroom of Resident #32, #57, #175 on 6/17/2024 at 9:40 AM, 11:33 AM, and 2:46 PM, and on 6/18/2024 at 8:10 AM, revealed 1 gray bed pan, 1 plastic urinal, 1 plastic white graduate hat dispenser on the back of the toilet, unlabeled and uncontained.</p> <p>4. Observation in the shared bathroom for Rooms 205 and room [ROOM NUMBER] on 6/17/24 at 9:47 AM, at 10:47AM, and at 4:00 PM, revealed 1 pink denture cup, 1 green denture cup on top of the bathroom vanity, unlabeled and uncontained, 2 gray bedpans sitting on back of the toilet, unlabeled and uncontained, and 1 urinal on the toilet side rails, unlabeled and uncontained.</p> <p>During observation and interview in shared bathroom for rooms [ROOM NUMBERS] on 6/18/24 at 2:41 PM, revealed, 2 gray bed pans sitting on the back of the toilet, unlabeled and uncontained, 1 urinal sitting on the back of the toilet, unlabeled and uncontained, and 1 pink and 1 green denture cup sitting on top of the bathroom vanity, unlabeled and uncontained. LPN R confirmed that resident's bed pans and urinals should be labeled and in plastic bags and stored in the resident's drawer in the bedside table. LPN R confirmed that resident's denture cups should have the resident's names on them and should be stored in the resident's table or bedside drawer.</p> <p>5. Review of the medical record revealed Resident #33 was admitted to the facility on [DATE] with diagnoses of Psychotic Disturbances, Difficulty Walking, Insomnia, Diabetes, Hemiplegia and Hemiparesis, and Overactive Bladder.</p> <p>Review of the quarterly MDS dated [DATE] revealed Resident #33 had a BIMs of 3, which indicated the resident was severely cognitively impaired, upper and lower extremity range of motion limitations, dependent on staff for toileting, and incontinent of both bowel and bladder.</p> <p>Review of the Care Plan dated 3/12/2024 revealed, .ADL limitations .Requires mobility-substantial/max assistance .does not get up to bathroom at night .Total incontinence .</p> <p>Review of the medical record revealed Resident #52 was admitted to the facility on [DATE] with diagnoses of Unsteadiness on Feet, Contracture Left Wrist and Hand, History of Falling, Dementia, Repeated Falls, Alzheimer's Disease, Lack of Coordination, Atrial Fibrillation, and Difficulty Walking.</p> <p>Review of the quarterly MDS dated [DATE] revealed Resident #52 had a BIMs of 3, which indicated the resident was severely cognitively impaired, required maximal assistance with toileting, incontinent of both bowel and bladder, and diuretic medication use.</p> <p>Review of the Care Plan dated 1/18/2024 revealed, .ADL limitations .requires assistance with ADLs . Requires mobility assistance with urinal. Resident does not get up to the bathroom at night .Incontinence . Offer toileting assistance with bedpan, urinal, or commode use .Infection .risk for r/t incontinence .Linezolid . twice daily .x 5 days .or Urinary Tract Infection .</p> <p>Observation in the shared bathroom for Resident #33 and Resident #52 on 6/17/24 at 10:01 AM, 3:15 PM, and 4:00 PM, and on 6/18/2024 at 8:19 AM, revealed 1urinal, and 1 handled graduate dispenser on the back of the toilet, unlabeled and uncontained.</p> <p>(continued on next page)</p>		

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<p>F 0880</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Some</p>	<p>During observation and interview in the shared bathroom for Resident # 33 and Resident #52 6/18/24 at 3:45 PM, revealed CNA D, placing a urinal in a plastic bag and was asked how urinals and bed pans should be stored. CNA D confirmed that urinals should be stored in plastic bags with the resident's name on them.</p> <p>During an interview on 6/20/24 at 1:00 PM, the DON confirmed that all urinals, bedpans, and graduate dispensers should be cleaned and dried after use, placed in a plastic and stored in the bottom drawer of the resident's nightstand. The DON confirmed that they should be labeled with the resident's name if stored in a shared bathroom.</p> <p>6. Observation in the East Hall during dining on 6/17/24 at 11:08 AM, revealed CNA E, sanitized her hands, removed a tray from the meal and entered Resident #20's room. CNA E placed the tray on the over the bed table, removed the bread from the plastic package with her bare hands and placed it on the resident's plate, set the meal tray up and exited the room. CNA E failed to use hand sanitizer or use hand hygiene before picking up the bread with her bare hands.</p> <p>Observation in the East Hall during dining on 6/17/2024 at approximately 11:10 AM, revealed CNA E knocked and entered Resident #51's room, adjusted the head of the bed with the hand-held crank, donned a pair of clean gloves, adjusted the resident in bed, removed her gloves and set up the meal tray. CNA E removed the bread from the plastic package with her bare hands and placed it on the resident's plate, picked the bread back up with her bare hands and moved to the other side of the plate, CNA E exited the room and returned to the meal cart. CNA E failed to use sanitizer or hand hygiene after touching items in the resident room and before picking up the resident's bread with her bare hands.</p> <p>Observation in the East Hall during dining on 6/17/2024 at approximately 11:15 AM, CNA E sanitized her hands, entered Resident #6's room, picked up the call light off the floor and exited the room, returned to the meal cart and removed a tray. CNA E failed to sanitize or use hand hygiene after touching resident items and before returning to the meal cart. CNA E re-entered Resident #6's room, placed the tray on the over the bed table, adjusted the bed with the hand-held control, adjusted the height of the over the bed table, removed the lid from the meal tray, removed the bread from the plastic package with her bare hands. CNA E failed to sanitize or use hand hygiene after touching resident items and before picking up the bread with her bare hands.</p> <p>During an interview on 6/20/24 at 1:00 PM, the DON confirmed that staff should not touch resident's food with their bare hands and personal care items such as urinals, bed pans, graduate dispensers, and hat dispensers should be labeled with the resident's name, covered, and stored in the bottom drawer in the resident's room but can be stored in a shared bathroom if labeled with the resident's name and covered properly.</p>		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 445463	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 06/21/2024
NAME OF PROVIDER OR SUPPLIER Bells Nursing and Rehabilitation Center		STREET ADDRESS, CITY, STATE, ZIP CODE 213 Herndon Drive Bells, TN 38006	
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 0921</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Make sure that the nursing home area is safe, easy to use, clean and comfortable for residents, staff and the public.</p> <p>38439</p> <p>Based on policy review, observation, and interview, the facility failed to ensure a safe, sanitary, and comfortable environment for 4 of 60 (Resident #1, #32, #39, and #173) resident rooms observed.</p> <p>The findings include:</p> <ol style="list-style-type: none"> Review of the facility's policy titled, Cleaning and Disinfection of Environmental Surfaces, Resident-Care Items, Equipment and Other Items, Revised 8/2010, revealed, .Walls, blinds, and window curtains in resident areas shall be cleaned when these surfaces are visibly contaminated or soiled . Review of the facility's Housekeeping and Laundry Service Cleaning Schedule, revealed, .Shift .First .Ceiling .Vents, Light Fixtures, Cubicle Curtains/Tracks .Cleaning Schedule .Weekly . Observation in Resident #32's room on 6/17/24 at 9:40 AM, 11:33 AM, at 2:46 PM, and on 6/18/2024 at 8:10 AM, revealed a dark brown stain at the bottom of the middle divider privacy curtain that separates the A bed from the B bed. Observation in Resident #39's on 6/17/24 at 9:52 AM, 2:43 PM, 3:47 PM, and on 6/18/2024 at 8:49 AM, revealed dark brown stains at various places on the middle divider privacy curtain that separates the A bed from the B bed. Observation in Resident #1 and Resident #173's room on 6/17/24 at 9:55 AM, 4:45 PM, revealed dark brown and gray spots stains on the divider privacy curtain that separates the A bed from the B bed and on the privacy curtain on the B side of the room near the window. <p>During observation and interview in Resident #1 and Resident #173's room on 6/18/24 at 2:45 PM, revealed dark brown and gray stains on the divider privacy curtain that separates the A bed from the B bed. The Housekeeper was asked was asked how often privacy curtains are cleaned. The Housekeeper confirmed she has never taken them down and she was unaware of who inspects them and takes them down to clean.</p> <p>During observation and interview in Resident 173's room on 6/18/24 at 2:55 PM, the Housekeeping and Laundry Supervisor was shown the dark brown stains on the privacy curtain and was asked, how often are the privacy curtains inspected to ensure they are clean and are in good repair. The HK/Laundry Supervisor stated, .at least every other day I check them myself to make sure they are clean .I go around and I check them and if I find something then I go get the housekeeper to have them taken down and replaced or washed. The HK/Laundry Supervisor was asked when the last time was they were checked for cleanliness. The HK/Laundry Supervisor stated, .Friday and I take them down once a month and wash them .I am going to take them down .and wash these .</p>		