

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  445467	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED  02/12/2025
NAME OF PROVIDER OR SUPPLIER  Alamo Nursing and Rehabilitation Center		STREET ADDRESS, CITY, STATE, ZIP CODE  580 W Main Street Alamo, TN 38001	

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 0677</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Provide care and assistance to perform activities of daily living for any resident who is unable.</p> <p><b>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 48285</b></p> <p>Based on policy review, medical record review, and interview, the facility failed to ensure Activities of Daily Living (ADL) assistance was provided related to showering for 2 of 2 sampled residents (Resident #39 and #114) reviewed for ADLs.?</p> <p>The findings include:</p> <ol style="list-style-type: none"> <li>Review of the facility policy titled, Activities of Daily Living (ADL), Supporting, dated 03/2018, revealed . Residents who are unable to carry out activities of daily living independently will receive the services necessary to maintain good nutrition, grooming and personal and oral hygiene .?</li> <li>Medical record revealed Resident #39 was admitted to the facility on [DATE], with diagnoses including Cerebral Vascular Disease, Lack of Coordination, Difficulty Walking, and Anxiety.</li> </ol> <p>Review of the care plan dated 8/26/2022, revealed Resident bathing preference fluctuates but prefers daytime bath.</p> <p>Review of the annual Minimum Data Set (MDS) assessment dated [DATE], revealed a Brief Interview for Mental Status (BIMS) score of 15 which indicated that Resident #39 was cognitively intact. Upper impairment on one side and both lower sides impaired. Uses wheelchair for mobility.</p> <p>Review of the quarterly MDS assessment dated [DATE], revealed a BIMS score of 15 which indicated that Resident #39 was cognitively intact. Substantial to maximal assist needed for shower/bath. Impairment on both lower extremities.</p> <p>Review of the task: Documentation Survey Report . dated November 2024, revealed .ADL-BATHING Resident preference is to have a whirlpool twice a week and bed bath 5 times a week . Resident #39 did not receive a bath 11/4/2024, 11/7/2024, 11/9/2024, 11/12/2024, 11/13/2024, 11/14/2024, 11/18/2024, 11/19/2024, 11/21/2024, 11/27/2024 and 11/27/2024.</p> <ol style="list-style-type: none"> <li>Medical record revealed Resident #114 was admitted to the facility 12/6/2022, and readmitted [DATE], with diagnoses including Spinal Stenosis, Congestive Heart Failure, Anxiety and Depression.</li> </ol> <p>Review of the quarterly MDS assessment dated [DATE], revealed a BIMS score of 15 which indicated Resident #114 was cognitively intact. The Resident was dependent on staff for bathing.</p> <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 0677</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Review of the annual MDS assessment dated [DATE], revealed a BIMS score of 15 which indicated Resident #114 was cognitively intact. Resident was dependent on staff for bathing.</p> <p>Review of the task: Documentation Survey Report . dated November 2024, revealed .ADL-BATHING resident preference is to have a whirlpool twice a week and bed bath 3 times a week . Resident #114 did not receive a bath or shower 11/3/2024 11/7/2024, 11/10/2024, 11/21/2024, 11/23/2024, 11/26/2024 and 11/30/2024.</p> <p>During an interview on 2/12/2025 at 8:11 AM, the Director of Nursing (DON) confirmed that Residents should be receiving a bath of some sort daily or documented if it is refused.</p>