STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	445467	A. Building B. Wing	03/11/2026

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Alamo Nursing and Rehabilitation Center	580 W Main Street Po Box 367 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)
F 0686 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Provide appropriate pressure ulcer care and prevent new ulcers from developing. **NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** Based on policy review, medical record review, observation, and interview, the facility failed to ensure that residents received the necessary treatment and services consistent with professional standards of practice to promote healing when the facility failed to document wound care treatments for 1 of 2 (Resident #6) sampled residents reviewed for pressure ulcers. The findings include: 1. Review of the facility policy titled, Prevention of Pressure Ulcers/Injuries, dated 1/2020, revealed .The purpose of this procedure is to provide information regarding identification of pressure ulcers/injury risk factors and interventions for specific risk factors .Evaluate, report, and document changes in the skin. 2. Review of medical record revealed Resident #6 was admitted to the facility on [DATE], with diagnosis including Pressure Ulcer Stage 3, Quadriplegia, Polyneuropathy, and Anxiety. Review of the quarterly Minimum Data Set (MDS) assessment dated [DATE], revealed Resident #6 scored a 15 on the Brief Interview for Mental Status (BIMS) assessment, which indicated Resident #6 was cognitively intact and was assessed for a Stage 3 Pressure Ulcer. Review of the Physician's Order dated 2/28/2026, revealed Tx [Treatment] : right buttock; Cleanse with DWC [Dermal Wound Cleanser], pat dry, apply collagen powder [used to stimulate tissue repair for wounds], flagyl [used to treat bacterial infections] and Alginate Calcium w/ [with] silver [antimicrobial dressing used to fight bacteria in wound care] to wound bed, skin prep [a clear, waterproof film to protect the skin] peri-wound area [skin around wound], cover with dry dressing. Change daily.ˆ Review of the Treatment Administration Record (TAR) dated December 2025, revealed that treatments were not documented as being completed on 12/5/2025, 12/9/2025, 12/23/2025, 12/24/2025 and 12/25/2025. Review of the TAR dated February 2026, revealed treatments were not documented as being completed on 2/12/2026, 2/13/2026 and 2/26/2026. Review of TAR dated March 2026, revealed treatments were not documented as being completed on 3/4/2026. During an interview on 3/11/2026 at 9:34 AM, the Director of Nursing (DON) was asked to verify the empty blanks for the buttock treatment on Resident #6's TAR. The DON reviewed the empty blanks on the TAR's. The DON was asked can you tell me if the treatments were done. The DON stated, I cannot.if the treatment was completed it should be on the TAR or documented in the progress notes.

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 0689 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Ensure that a nursing home area is free from accident hazards and provides adequate supervision to prevent accidents. **NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** Based on policy review, medical record review, observation, and interview, the facility failed to identify and eliminate all known and foreseeable accident hazards in the resident's environment for 1 of 3 (Resident #62) sampled residents reviewed for smoking. The findings include: 1. Review of the facility's policy titled, Smoking Policy-Residents, dated 10/18/2022, revealed .Any smoking-related privileges, restrictions, and concerns .are noted on the care plan .Residents without independent smoking privileges may not have or keep any smoking items, including cigarettes, tobacco, etc., except under direct supervision . 2. Review of the medical record revealed Resident #62 was admitted to the facility on [DATE], with diagnoses including Chronic Obstructive Pulmonary Disease, Hypertension, and Depression. Review of the Smoking Safety Evaluation dated 3/2/2026, revealed .Does Resident utilize tobacco .Yes .Supervision will be required for all Residents during designated smoking times. This evaluation will be utilized for the Resident's smoking care plan on admission and as indicated .Evaluation .Balance problems while sitting or standing .Follow the facility's policy on location and time of smoking . Review of the Baseline Care Plan dated 3/2/2026, revealed Smoking was not included. Review of the admission Minimum Data Set (MDS) assessment dated [DATE], revealed Resident #62 scored a 13 on the Brief Interview for Mental Status (BIMS) assessment, which indicated he was cognitively intact. Observation in the designated smoking area on 3/9/2026 at 4:07 PM, revealed the Staffing Coordinator was assisting residents during the smoking observation. Resident #62 was observed to have a pack of cigarettes in his front shirt pocket. Resident #62 then proceeded to pull a lighter from his front shirt pocket. The Staffing Coordinator lit Resident #62's cigarette with the lighter that he brought in. Resident #62 did not wear a smoking apron during the smoking session. CNA E asked Resident #62 if she could put his cigarettes and lighter in the facility lock box. Resident #62 stated, Yes. During an interview on 3/9/2026 at 4:28 PM, the Staffing Coordinator was asked if residents were allowed to keep cigarettes and lighter on them. The Staffing Coordinator stated, No, they are supposed to keep them locked up because if they kept them on them, they would probably smoke them. Review of the Care Plan dated 3/10/2026, revealed Resident smokes cigarettes .Apply smoking apron . During an interview on 3/10/2026 at 4:30 PM, the Director of Nursing (DON) was asked if any of the residents in the facility had independent smoking privileges. The DON stated, No, we don't have any independent smokers in the facility. The DON was asked If a resident is a smoker should that be on the care plan. The DON stated, Yes, it should be. The DON was asked if any resident should have cigarettes and lighter on their person. The DON stated, They should not . During an interview on 3/11/2026 at 11:40 AM, the DON was asked if residents should wear an apron during smoking if it is care planned. The DON stated, Yes but we do have refusals. The DON was asked if it should be documented in care plan that they refuse to wear the apron. The DON stated, Yes, it should.

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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. **NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** Based on policy review, observation, and interview, the facility failed to ensure medications were properly stored when medications were unsecure at the resident's bedside for 1 of 52 (Resident #52) and when 2 of 3 (South Hall and Central Supply) medication storage rooms had opened, undated, and expired medications in the medication storage rooms. The findings include:ˆ 1. Review of the facility's policy titled, Storage of Medications,ˆdatedˆ5/2015, revealed .nursing staff shall be responsible for maintaining medication storage.The facility shall not use.outdated.drugs or biologicals.drugs and biologicals shall be locked when not in use.such items shall not be left unattended.ˆ 2.ˆReview of the medical record revealed Resident #52 was admitted to the facility on [DATE], with diagnoses including Aphasia (a language disorder caused by brain damage), Atrial Fibrillation, Dysphagia (difficulty swallowing,) and Diabetes. Review of the quarterly Minimum Data Set (MDS) assessment dated [DATE], revealed Resident #52 did not have a Brief Interview for Mental Status (BIMS) assessment conducted due to the resident was rarely/never understood. Observation inˆResident #52's roomˆonˆ3/9/2026ˆat 9:13 AM,ˆrevealed aˆbottle of nasal mist spray and 2 bottles of lubricant eye drops on the residents beside table. Review of the current signed Physicians Orders revealed there was no order for the nasal mist spray or lubricant eye drops. During an observation and interview in Resident #52's room onˆ3/9/2026ˆ atˆ9:17 AM,ˆLicensed Practical Nurse (LPN) D confirmedˆthat theˆbottle of nasal mist spray and 2 bottles of lubricant eye drops were left unattended in Resident #52's room on the bedside table. Nurse D was asked if nasal spray and 2 bottles of eye drops should be on the resident's bedside table. LPN D stated, No it should not. During an interview onˆ3/9/2026ˆatˆ9:23ˆAM, the Assistant Director of Nursingˆ(ADON) was asked if Resident #52 should have nasal spray and eye drops on the bedside table, The ADON stated, .no he should not. During an interview on 3/11/2026 at 8:57 AM, the Director of Nursing (DON), was asked if a resident should have eye drops and nasal spray on the bedside table. The DON stated, .No it should not. The DON was asked where medications should be kept or stored. The DON stated, .medications should be kept at the nurse's station in a locked secure area . 3. During an observation and interview in the South Hall medication room on 3/11/2026 at 7:59 AM, revealed 1 opened and undated vial of Tuberculin (used to test for Tuberculosis skin test) in the medication refrigerator. Registered Nurse (RN) C was asked if the medication should be dated when opened. RN C stated, Yes. 4. During an observation and interview in the Central Supply Room on 3/11/2026 at 8:13 AM, revealed the following medications were expired. a. Calcium 600 milligram (mg) expiration (exp) date 2/2026 1 bottle b. Melatonin 3mg exp date 11/2025 1 bottle c. Melatonin 3mg exp date 3/2026 4 bottles RN C was asked if the above medications should have been discarded. RN C stated, Yes, prior to the expiration date. During an interview on 3/11/2026 at 9:28 AM, the DON was asked when do you expect medications to be discarded. The DON stated, by the expiration date. The DON was asked who is responsible for ensuring medications in the storage areas are within date. The DON stated, Our charge nurses are responsible for checking the medications in the storage rooms . The DON was asked should medication vials be dated with an opened date. The DON stated, Yes, ma'am.

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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 policy review, review of Center for Disease Control (CDC) guidelines, medical record review, observation, and interview, the facility failed to ensure the prevention and spread of infectionˆduring wound care and medication administration for 2 of 2 (Resident #6 and #14) sampled residents. The findings include: 1. Review of the facility's policy titled, Handwashing/Hand Hygiene, dated 10/2023, revealed .The facility considers hand hygiene the primary means to prevent the spread of healthcare-associated infections.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 .immediately before touching a resident; before performing an aseptic task [for example placing an indwelling device or handling an invasive medical device], after contact with blood, body fluids, or contaminated surfaces; after touching a resident; after touching a resident's environment; before moving from work on a soiled body site to a clean body site on the same resident; and immediately after glove removal.Wash hands with soap and water; when hands are visibly soiled.Single use disposable gloves should be used: before aseptic procedures; when anticipating contact with blood or body fluids.The use of gloves does not replace hand washing/hand hygiene. Review of the facility's policy titled, Cleaning and Disinfection of Resident-Care Items and Equipment, dated 9/2022, revealed .Resident-care equipment, including reusable items and durable medical equipment will be cleaned and disinfected according to current CDC recommendations for disinfection and the OSHA [Occupational Safety Health Administration] Bloodborne Pathogens Standard.Non-critical items are those that come in contact with intact skin but not mucus membranes.Non-critical environmental surfaces include bedside tables.Non-critical items require cleaning followed by either low or intermediate level disinfection following manufacturers' instructions. Disinfection is performed with an EPA [Environmental Protection Agency]-registered disinfectant labeled for use in healthcare settings . Review of the facility's policy titled, Administering Medications, dated 12/2012, revealed .Staff should follow established infection control procedures [.handwashing, antiseptic technique, gloves.] when these apply to the administration of medications. 2. Review of the CDC website article titled, Hand Hygiene For Healthcare Workers, dated 2/27/2024, revealed .Know when to wear [and change] gloves.Gloves are not a substitute for hand hygiene.If your task requires gloves, perform hand hygiene before donning gloves and touching the patient or the patient's surroundings.Always clean your hands after removing gloves.When to change gloves and clean hands.If gloves become damaged. If gloves become soiled with blood or body fluids after a task. If moving from work on a soiled body site to a clean body site on the same patient or if a clinical indication for hand hygiene occurs.If they look dirty or have blood or body fluids on them after completing a task. Before exiting a patient room. 3. Review of the medical record revealed Resident #6 was admitted to the facility on [DATE], with diagnoses including Dysphagia, Pressure Ulcer Stage 3, Depression, Quadriplegia, and Anxiety. Review of the quarterly Minimum Data Set (MDS) assessment dated [DATE], revealed Resident #6 scored a 15 on the Brief Interview for Mental Status (BIMS) assessment, which indicated she was cognitively intact. Resident #6 was dependent on staff to perform activities of daily living (ADLs) and was assessed for a Stage 3 facility acquired pressure ulcer. Review of the Physician's Order dated 2/28/2026, revealed Tx [Treatment] : right buttock; Cleanse with DWC [Dermal Wound Cleanser], pat dry, apply collagen powder [used to stimulate tissue repair for wounds], flagyl [used to treat bacterial infections] and Alginate Calcium w/ [with] silver [antimicrobial dressing used to fight bacteria in wound care] to wound bed, skin prep [a clear, waterproof film to protect the skin] peri-wound area, cover with dry dressing. Change daily.ˆ During an observation in the Resident's room on 3/10/2026 at 11:02 AM, revealed the Wound Physician present with Licensed Practical Nurse (LPN) A preparing to perform Resident #6's wound care. The Wound Physician performed hand hygiene, donned a gown, and 2 pair of gloves. LPN A placed a barrier (continued on next page)

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F 0880 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	on the over the bed table, donned a gown, performed hand hygiene, and donned sterile gloves. The Wound Physician removed his phone from his left pocket prior to initiating wound care. Then without changing gloves or performing hand hygiene, the Wound Physician removed the soiled dressing from the resident's right buttock, wiped the wound with dry 4x4 gauze, inserted the contaminated, gloved right index finger into the resident's wound bed, cleansed the wound with wound cleanser moistened gauze, measured the wound. The Wound Physician removed the top layer glove from his right hand and applied a skin graft to the wound bed. The Wound Physician removed his PPE (Personal Protective Equipment) and exited the resident's room. LPN A resumed Resident #6's wound care, LPN A applied Flagyl via (by way of) q-tip (cotton tip applicator) to the peri-wound edges and over the graft to wound. LPN A applied collagen powder to a bordered foam dressing and covered the wound and then applied skin prep to the peri-wound skin. LPN A discarded the sharps in the sharps container, removed PPE, performed hand hygiene, sanitized the over the bed table and bottles of cleanser with a sani wipe, and performed hand hygiene.ˆ The Wound Physician failed to perform proper hand hygiene during Resident #6's wound care. 4. Review of the medical record revealed Resident #14 was admitted to the facility on [DATE], with diagnoses including Hemiplegia, Anxiety, Diabetes Mellitus, and Depression. Review of the quarterly MDS assessment dated [DATE] revealed Resident #14 scored a 14 on the BIMS assessment, indicating she was cognitively intact, and was assessed as receiving insulin. Review of the Physician's Order dated 12/23/2025, revealed Lantus (long-acting insulin used to treat Diabetes) 70 units subcutaneous (under the skin) two times a day. During an observation and interview during medication administration on 3/10/2026 at 8:45 AM, revealed LPN B was on the [NAME] Hall Medication Cart preparing medication for Resident #14. LPN B obtained a Lantus insulin vial from the medication cart, cleansed the vial hub with an alcohol pad, and prepared an insulin syringe with 70 units. LPN B entered Resident #14's room and placed the insulin syringe and alcohol pad on the over the bed table without a barrier. LPN B donned gloves, cleansed Resident #14's abdomen with the alcohol pad and administered the Lantus 70 units subcutaneous. LPN B discarded the insulin syringe in the sharps container, removed her gloves and exited the resident's room without performing hand hygiene. LPN B was asked if she had completed all tasks related to Resident 14's medication administration. LPN B stated she was done. LPN B was asked if she should perform hand hygiene after the removal of gloves. LPN B stated, Yes. LPN B was asked if she should have placed the alcohol pad and insulin syringe on the over the bed table without a barrier prior to the administration of the medication. LPN B stated, No ma'am, it should have a barrier. During an interview on 3/11/2026 at 9:28 AM, the Director of Nursing (DON) was asked if staff should place medications on an over the bed table without a barrier during medication administration. The DON stated, No, ma'am. The DON was asked when do you expect staff to perform hand hygiene. The DON stated,ˆ Before entering the resident's room, exiting the room, before giving medications, if hands are visibly soiled, after performing procedure, and after the removal of gloves. The DON was asked should providers follow infection control measures when providing care to residents. The DON stated, Yes, they should follow infection control measures. The DON was asked if does double gloving replaces hand hygiene. The DON stated, No, ma'am.ˆ During an interview on 3/11/2026 at 12:58 PM, the Wound Physician was asked should you perform hand hygiene after the removal of a soiled dressing before performing clean technique dressing. The Wound Physician stated, No, that is why I had on 3 pairs of gloves. The Wound Physician was asked should double gloving replace the use of hand hygiene. The Wound Physician stated, Yes, I was already scrubbed in, and you want to keep as sterile as possible even though it is not a sterile procedure. The Wound Physician was asked about his phone being taken out of his pocket prior to starting the treatment. The Wound Physician stated, That's why I had on 3 sets of gloves so I could remove a pair of gloves after taking a picture of the wound. The Wound Physician was asked if he was familiar with the facility's infection control policies and procedures. The Wound Physician stated, Yes, I am.ˆ ˆ