| STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION | (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: | (X2) MULTIPLE CONSTRUCTION | (X3) DATE SURVEY COMPLETED |
|---|---|---|---|
| | 445468 | A. Building<br>B. Wing | 12/18/2024 |

| NAME OF PROVIDER OR SUPPLIER | STREET ADDRESS, CITY, STATE, ZIP CODE |
|---|---|
| Dyer Nursing and Rehabilitation Center | 1124 North Main Street<br>Dyer, TN 38330 |

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 0761<br><br>Level of Harm - Minimal harm or potential for actual harm<br><br>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.<br><br>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 46047<br><br>Based on policy review, observation, and interview, the facility failed to ensure medications were properly stored in 2 of 5 medication storage areas (North Back Medication Cart and South Middle Hall Medication Cart) that were left unlocked and unattended, and when 1 of 1 nurses (Licensed Practical Nurse (LPN) #A) failed to ensure medications were not left unattended.<br><br>The findings include:<br><br>1. Review of the facility's policy titled, Storage of Medications, dated ,d+[DATE], revealed .The facility shall store all drugs and biologicals in a safe, secure, and orderly .The facility shall not use discontinued, outdated, or deteriorated drugs .All such drugs shall be returned .or destroyed .Compartments (including, but not limited drawers, cabinets .carts .) containing drugs and biologicals shall be locked when not in use .carts . shall be not be left unattended if open .<br><br>Review of the facility's policy titled, Insulin Administration, dated ,d+[DATE], revealed .To provide guidelines for the safe administration of insulin .If opening a new vial, record expiration date and time on the vial (follow manufacturer recommendations for expiration after opening) .28 Day Exp. [Expiration] Date (after first use) Lantus, Novolog, Humalog 42 Day Exp. Date (after first use) .<br><br>Review of the facility's policy titled, Insulin Storage, dated ,d+[DATE], revealed .Insulin vials .should be dated and initialed when opened .should be discarded after the expired date .<br><br>Review of the facility's policy titled, Administering Medications, dated ,d+[DATE], revealed .During administration of medications, the medication cart is kept closed and locked when out of sight .No medications are kept on top of the cart .<br><br>2. Random observation on [DATE] at 8:46 AM, revealed on top of the 300 Hall North Back Medication Cart was the following unattended, opened, and expired insulin (medication for Hyperglycemia) vials:<br><br>a. An opened vial of Resident #11's Levemir insulin with no open date or expired date.<br><br>The Physician order dated [DATE], revealed Resident #11 had an order for Levemir .inject 50 unit subcutaneously at bedtime .<br><br>(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 |
|---|---|---|

| STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION | (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: | (X2) MULTIPLE CONSTRUCTION | (X3) DATE SURVEY COMPLETED |
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| | 445468 | A. Building<br>B. Wing | 12/18/2024 |

| NAME OF PROVIDER OR SUPPLIER | STREET ADDRESS, CITY, STATE, ZIP CODE |
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| Dyer Nursing and Rehabilitation Center | 1124 North Main Street<br>Dyer, TN 38330 |

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|---|---|
| F 0761<br><br>Level of Harm - Minimal harm or potential for actual harm<br><br>Residents Affected - Few | b. An open vial of Resident #11's Insulin Aspart (Novolog), with an open date of [DATE] and expiration date of [DATE].<br><br>The Physician's Order dated [DATE] revealed Resident #11 had an order for Novolog .inject as per sliding scale .<br><br>c. An opened vial of Resident #12's Humalog labeled with no open date or expired date.<br><br>The Physician's Order dated [DATE], revealed Resident #12 had an order for Humalog .inject as per sliding scale .<br><br>d. An opened vial of Resident #14's Humalog with no open date and no expired date.<br><br>The Physician's order dated [DATE], revealed Resident #14 had an order for Humalog Injection Solution . inject as pr sliding scale .<br><br>e. An opened vial of Resident #13' s Lantus, with an open date of [DATE] and an expired dated of [DATE].<br><br>Physician's Order dated [DATE], revealed Resident #13 had an order for Lantus .inject 28 units subcutaneously two times per day .<br><br>During an interview on [DATE] at 8:51 AM, Licensed Practical Nurse (LPN) A confirmed the vials of insulin should not have been left unattended on the med cart and the expired insulin vials should have been discarded.<br><br>3. A random observation and interview in the South Hall on [DATE] at 8:55 AM, revealed the South Medication Cart was unlocked and unattended. LPN B was asked about the med cart. LNP B stated, .there has been issues with the cart's lock, it takes a few tries before it will lock . |

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|---|---|
| F 0880<br><br>Level of Harm - Minimal harm or potential for actual harm<br><br>Residents Affected - Few | Provide and implement an infection prevention and control program.<br><br>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 50408<br><br>Based on policy review, medical record review, and interview, the facility failed to ensure proper infection control practices for 1 of 3 (Resident #7) residents reviewed for Tuberculosis (TB) Two Step Mantoux Test Results. The facility had a census of 63.<br><br>The findings include:<br><br>1. Review of the facility's policy titled, Infection Prevention and Control Program, dated 10/2018, revealed An infection prevention and control program .is established and maintained to provide a safe, sanitary, and comfortable environment and to help prevent the development and transmission, of communicable diseases and infections .Surveillance tools are used for recognizing the occurrence of infections .detecting outbreaks .<br><br>Review of the facility's policy titled, Tuberculosis ., dated 8/2013, revealed .This facility shall screen all residents for tuberculosis infection .<br><br>2. Review of the medical record revealed Resident #7 was admitted to the facility on [DATE], with diagnoses including Atrial Fibrillation, Malignant Neoplasm, Infectious Gastroenteritis and Colitis, and Abdominal Pain.<br><br>Review of the admission Minimum Data Set (MDS) dated [DATE], revealed Resident #7 had a Brief Interview for Mental Status (BIMS) score of 14, indicating Resident #7 is cognitively intact.<br><br>Review of the Medication Administration Record (MAR) dated October 2024, revealed Resident #7 received the 1st intradermal injection for Two Step Mantoux Test on 10/25/2024. The results are to be read on 10/27/2024 for results.<br><br>Review of the MAR dated October 2024 revealed there was no documentation the Two Step Mantoux Test was read for a negative or positive result.<br><br>During an interview on 12/18/2024 at 11:20 AM, with the Infection Control Nurse was asked if Resident #7's Two Step Mantoux TB skin test was completed. The Infection Control nurse confirmed that staff did not read the results of the Two Step Mantoux test.<br><br>During an interview on 12/18/2024 at 12:00 PM, with the Director of Nurses (DON), the DON confirmed the staff did not read the Two Step Mantoux as they should have. |