STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	445468	A. Building B. Wing	06/13/2024

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Dyer Nursing and Rehabilitation Center	1124 North Main Street 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 0693 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Ensure that feeding tubes are not used unless there is a medical reason and the resident agrees; and provide appropriate care for a resident with a feeding tube. **NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 46047 Based on policy review, medical record review, observation, and interview, the facility failed to ensure enteral feedings were labeled and dated for 1of 1 (Resident #55) sampled residents reviewed for enteral feeding. The findings include: 1. Review of the facility's policy titled, Enteral Tube Feedings, revised 1/2014, revealed .On the formula label document initials, date and time the formula was hung/administered . 2. Review of the medical record revealed Resident #55 was admitted to the facility on [DATE], with diagnoses including Dysphagia and Gastroparesis. Review of the quarterly Minimum Data Set, dated dated dated [DATE], revealed Resident #55 had a Brief Interview for Mental Status score of 5, which indicated the resident was severely cognitively impaired and had a Percutaneous Endoscopic Gastrostomy (PEG) feeding. Observation in the resident's room on 6/12/2024 at 1:33 PM, revealed Resident #55's enteral feeding bag was not labeled with the resident's name, the date, time, and rate, and the nurse's initial. During an interview on 6/12/2024 at 1:35 PM, LPN #A confirmed Resident #55's enteral feeding was not labeled with the resident's name, date, time, rate, and the nurse's initial.

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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(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (Each deficiency must be preceded by full regulatory or LSC identifying information)
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** 46047 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 #A) failed to follow Enhanced Barrier Precautions in a resident's room while giving care. The findings include: 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 . 2. Review of the medical record revealed Resident #55 was admitted to the facility on [DATE], with diagnoses of Dysphagia, Gastrostomy Status, and Gastroparesis. Review of the quarterly Minimum Data Set, dated dated dated [DATE], revealed Resident #55 had a Brief Interview for Mental Status score of 5, which indicated the resident was severely cognitively impaired, and had a Percutaneous Endoscopic Gastrostomy (PEG) feeding. Review of the facility's list of residents on enhanced barrier precautions revealed Resident #55 was placed on enhanced barrier precautions on 4/1/2024. Observation in the resident's room on 6/12/2024 at 1:35 PM, revealed LPN #A failed to wear gown and gloves when disconnecting Resident 55's enteral feeding tube from the PEG tube. During an interview on 6/13/2024 at 9:14 AM, the Regional Clinical Corporate Nurse Regional Clinical Corporate Nurse confirmed staff should wear a gown and gloves when a resident's enteral feeding tube is disconnected from the PEG site tubing.