

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 445470	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 03/26/2025
NAME OF PROVIDER OR SUPPLIER Towne Square Care of Puryear		STREET ADDRESS, CITY, STATE, ZIP CODE 220 College Street Puryear, TN 38251	

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 0656</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Develop and implement a complete care plan that meets all the resident's needs, with timetables and actions that can be measured.</p> <p>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 50408</p> <p>Based on policy review, medical record review, and interview, the facility failed to develop an elopement risk care plan for 1 of 12 (Resident #4) sampled residents reviewed for care plans.</p> <p>The findings include:</p> <ol style="list-style-type: none"> 1. Review of the facility policy titled, .Care Planning, dated 2/1/2017, revealed .To ensure all residents have a care plan developed, implemented, revised/updated based on the needs they have .Care plans will be initiate .and updated and/or revised .with any changes that occur throughout their stay . 2. Review of the medical record review revealed Resident #4 was admitted to the facility on [DATE], with diagnoses including Impulse Disorder, Paranoid Schizophrenia, Dementia, and Anxiety. <p>Review of the quarterly Minimum Data Set (MDS) dated [DATE], revealed Resident #4 had a Brief Interview for Mental Status (BIMS) score of 11, meaning Resident #4 had moderate cognitive impairment.</p> <p>Review of the Care Plan dated 12/29/2024, revealed there were no focus/problems or interventions on the care plan related to elopement.</p> <p>Review of a Nurses Note dated 2/2/2025, revealed .Heard the front door alarm going off. Resident was outside rolling in the parking lot. Assisted back inside .</p> <p>Review of an Incident Report dated 2/2/2025, revealed .It was reported that resident was found outside the facility in the parking lot in her wheelchair. Resident stated that she was trying to get home .</p> <p>The facility failed to develop a care plan to address elopement after Resident #4 eloped on 2/2/2025.</p> <p>During an interview on 3/25/2025 at 10:24 AM, the Director of Nursing (DON) was asked when Resident #4 exited the building, did that make her an elopement risk. The DON stated, Yes. If Resident #4 is an elopement risk, should she be care planned for elopements with interventions to prevent her from leaving the building again. The DON stated, Yes.</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 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** 38439</p> <p>Based on policy review, named Hospice agreement review, medical record review, and interview, the facility failed to provide a communication process, including how the communication will be documented between the Long-term Care facility and the hospice provider to ensure resident needs are addressed and met for 1 of 12 (Resident #7) sampled residents and failed to follow Physician Orders for 1 of 12 (Resident #16) sampled residents.</p> <p>The findings:</p> <ol style="list-style-type: none"> 1. Review of the facility policy titled, Policy & Procedure: Hospice Services, dated 2/1/2017, revealed .It is the policy of the facility to provide collaborative care with Hospice providers to ensure that our resident's end of life preferences and choices are honored .Communication will be documented between the facility and the hospice provider, to ensure that the needs of the resident are addressed and met . 2. Review of the named Nursing Facility Hospice Agreement, dated July 2017, revealed .Manner of Communication .All communications between the Hospice and Nursing Facility pertaining to the care and services provided to the Resident Patient shall be documented in the Resident Patient's clinical record . Patient Care Information Provided. Hospice shall provide the Nursing Facility Designee with the following: <ul style="list-style-type: none"> (a) A copy of the most recent Plan of Care specific to each Resident Patient . (b) A copy of the Hospice election form and any advance directives specific to each Patient Resident . (c) A copy of the physician certification and recertification of the terminal illness for each Resident Patient . (d) Names and contact information for Hospice personnel involved in the hospice care of each Resident Patient . (e) Instructions on how to access the Hospice's 24 hour on call system . (f) A copy of Hospice medication information specific to each Resident Patient . (g) A copy of Hospice physician and Attending Physician orders specific to each Resident Patient. Copies of all physician orders provided to the Nursing Facility will be in writing .Hospice will maintain adequate records of all physician orders communicated in connection with the Plan of Care . <p>Review of the facility policy titled, Physician Orders, dated 2/1/2017, revealed .To provide guidance to ensure physician orders are transcribed and implemented in accordance with professional standards .</p> <p>(continued on next page)</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>3. Review of the medical record revealed Resident #7 was admitted to the facility on [DATE], with diagnoses including Encephalopathy, Chronic Obstructive Pulmonary Disease, and Pulmonary Edema.</p> <p>Review of the quarterly Minimum Data Set (MDS) assessment dated [DATE], revealed a Brief Interview for Mental Status (BIMS) score of 11, which indicated Resident #7 was moderately cognitively impaired.</p> <p>Review of the Physician's orders dated 3/14/2025, revealed . ADMIT PATIENT TO [NAMED HOSPICE] PER FAMILY REQUEST .</p> <p>Review of the significant change MDS dated [DATE], revealed a BIMS score of 6, which indicated Resident #7 was severely cognitively impaired. Resident #7 was assessed for Hospice.</p> <p>Review of Nurse's Notes dated 3/15/2025, revealed .[Named Hospice] here to admit resident. Hospice DX [diagnosis]: Hypertensive heart disease with heart failure and chronic kidney disease. New orders .</p> <p>During an interview on 3/25/2025 at 9:41 AM, the Director of Nursing (DON) was asked how the facility communicates with Hospice. The DON replied, They come into the facility. If they have orders, they tell us, and we put them in the chart. The DON was asked if the facility had a hospice book or somewhere for hospice to document their visits and notes. The DON replied, No.</p> <p>4. Review of the medical record revealed Resident #16 was admitted to the facility on [DATE], with diagnoses including Hemiplegia and Hemiparesis, Aphasia, Contracture of Left Hand, and Cerebral Infarction.</p> <p>Review of the facility's Order Summary Report dated 2/28/2025, revealed .OBTAIN ROUTINE LABS: CBC [a blood test that measure types of cells in the blood] & CMP [a blood test that measure different substances in the blood and medical conditions] Q [every] 6 MONTHS (FEBRUARY/AUGUST) OBTAIN ROUTINE HGBA1C [hemoglobin, a blood test that measures the blood sugar in the blood] q4 months (January/April/August) OBTAIN ROUTINE KEPBRA LEVEL [a blood test that measures the amount of anticonvulsant medication in the blood] Q3 MONTHS (FEBRUARY/MAY/AUGUST/NOVEMBER) .Order Date .12/1/2023 .</p> <p>Review of the quarterly MDS assessment, dated 3/13/2025, revealed Resident #16 had a BIMS score of 15, indicating the Resident was cognitively intact and the use of anticoagulant, diuretic, hypoglycemic and anticonvulsant medications.</p> <p>Review of the Care Plan dated 3/25/2025, revealed .I am on diuretic therapy .I have Diabetes Mellitus .I have hypertension .</p> <p>Review of the medical record revealed Resident #16 had not received any labs drawn since her admission on 12/5/2024.</p> <p>During an interview on 3/25/2025 at 4:05 PM, the DON was asked for the lab results since Resident #16's admission on 12/5/2024. The DON stated, We don't have any .labs .</p> <p>(continued on next page)</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>During an interview on 3/26/2025 at 7:53 AM, the DON confirmed that the lab dated 4/11/2024 was the only lab that she had for Resident #16. The DON confirmed that nursing staff should follow physician orders and the lab should have been drawn in January and February 2025 for Resident #16.</p> <p>49311</p>		

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<p>F 0689</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Ensure that a nursing home area is free from accident hazards and provides adequate supervision to prevent accidents.</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 a safe and secure environment when hazards items were found in 2 of 18 (Resident #18 and #22) resident rooms reviewed for accidents.</p> <p>The findings included:</p> <ol style="list-style-type: none"> Review of the facility's policy titled, Resident Rooms, dated 2/1/2017, revealed .To ensure residents are provided a clean room and environment and free of hazards . Review of the medical record revealed Resident #18 was admitted to the facility on [DATE], with diagnoses including Diabetes, Asthma, and Dementia. <p>Review of the quarterly Minimum Data Set (MDS) dated [DATE], revealed Resident #18 had a Brief Interview for Mental Status Score (BIMS) of 15, indicating the resident was cognitively intact, and required supervision with Activities of Daily skills (ADLs).</p> <p>Observations during medication administration in the resident's room on 3/24/2025 at 4:11 PM and on 3/25/2025 at 10:51 AM, revealed the following:</p> <ol style="list-style-type: none"> a bottle of pink nail polish, an 18 oz (ounce) bottle of Lavender Scent body lotion, a 20 oz bottle of [NAME] Shae Butter hair conditioner labeled keep out of reach of children on the dresser near the entrance door, unsecured and unattended a bottle of tan nail polish, a 33 oz bottle of Skin Relief Moisturizing Lotion, a 20 oz bottle of body lotion, a 18oz bottle of [NAME] Butter lotion with Vitamin E Oil, an 8 oz bottle of Vitamin C Body Lotion all labeled keep out of reach of children <p>During an interview on 3/25/2025 at 11:05 AM, Licensed Practical Nurse (LPN) A was shown the items on the dresser and on the bedside table and was asked where these items should be stored. LPN A stated, They can't have these in their room, they can't have nail polish in here, I will have to ask [named Director of Nursing], I don't know if they can or not . LPN A turned and exited the room.</p> <p>During an interview on 03/25/25 at 11:17 AM, the Director of Nursing confirmed that those items labeled keep out of reach of children and the nail polish should be secured and away from residents.</p> <ol style="list-style-type: none"> Review of the medical record revealed Resident #22 was admitted to the facility on [DATE], with diagnoses including Anxiety, Chronic Pain Syndrome, Hypertension, Gastro-Esophageal Reflux Disease (GERD), and Asthma. <p>Review of the quarterly Minimum Data Set (MDS) assessment dated [DATE], revealed Resident #22 had a BIMS of 15, indicating the Resident was cognitively intact, and required supervision with ADLs.</p> <p>(continued on next page)</p>		

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<p>F 0689</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Observations in Resident #22's room on 3/24/25 at 9:09 AM, and at 10:35 AM, revealed a bottle of nail polish remover and 2 bottles of nail polish on the bedside table, unsecured and unattended</p> <p>During observation and interview on 3/24/25 at 10:38 AM, Licensed Practical Nurse (LPN) B was asked should the nail polish and the nail polish remover be on the bedside table unsecure and unattended. LPN B confirmed the nail polish and the nail polish remover should be stored in the locked medication cart or the medication room away from residents.</p> <p>51992</p>

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<p>F 0732</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Post nurse staffing information every day.</p> <p>50408</p> <p>Based on policy review, daily staff posting review, and interview, the facility failed to post the total number of staff, and actual hours worked by the licensed staff responsible for resident care on the facility's Daily Staff Posting form for 20 of 24 sampled days.</p> <p>The findings include:</p> <ol style="list-style-type: none"> 1. Review of the facility policy titled, .Staffing, dated 2/1/2017, revealed .To ensure proper licensed nursing staff are provided to the residents according to regulations .Resident census will be posted daily. 2. Review of the facility's Daily Staff Posting forms dated 3/1/2025 thru 3/24/2025, revealed incomplete daily posting for the dates of 3/1/2025, 3/2/2025, 3/3/2025, 3/4/2025, 3/5/2025, 3/6/2025, 3/7/2025, 3/10/2025, 3/11/2025, 3/12/2025, 3/13/2025, 3/14/2025, 3/15/2025, 3/16/2025, 3/17/2025, 3/18/2025, 3/19/2025, 3/20/2025, 3/21/2025, and 3/24/2025. <p>During an interview on 3/25/2025 at 4:14 PM, the Director of Nursing (DON) was asked about the missing documentation related to the daily staff posting form. The DON confirmed there was missing documentation, and the form was not accurate.</p>

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<p>F 0759</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Ensure medication error rates are not 5 percent or greater.</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 1 of 2 (Registered Nurse (RN) A) nurses administered medications with a medication error rate of less than 5 percent (%). A total of 2 errors were observed out of 26 opportunities, resulting in a medication error rate of 7.69%.</p> <p>The findings include:</p> <ol style="list-style-type: none"> Review of the facility's policy titled, Medication Error, revealed .All medication errors and drug reactions will be reported immediately to the Director of Nursing, the attending physician and will be documented according to established procedures .Medication error is defined as the preparation or administration of medications or biological that is not in accordance with the prescriber's orders, manufactures specifications regarding the preparation and/or administration of the medication or biological and /or accepted professional standards for medications or biological administration .All medication errors and drug reactions must be promptly reported to the Director of Nursing, attending physician, the pharmacist, the resident and/or responsible party . Review of the medical record revealed Resident #22 was admitted to the facility on [DATE], with diagnoses including Anxiety, Chronic Pain Syndrome, Hypertension, Gastro-Esophageal Reflux Disease (GERD), and Asthma. <p>Review of the quarterly Minimum Data Set (MDS) assessment dated [DATE], revealed Resident #22 had a Brief Interview for Mental Status Score (BIMS) of 15, indicating the resident was cognitively intact.</p> <p>Review of a Physician's Order dated 3/17/2025 revealed .Omeprazole .20MG .for GERD .before breakfast at 0500 [5 AM].</p> <p>Observation during medication administration on the Short Hall Medication Cart on 3/25/2025 at 8:46 AM, revealed RN A removed the following medications to administer to Resident #22:</p> <ol style="list-style-type: none"> omeprazole 20mg capsule. montelukast 10mg tab. propranolol 10mg tablet. <p>RN A knocked and entered Resident #22's room and administered the medications and exited the room and returned to the medication cart. RN A administered the Omeprazole at 8:46 AM and it should have been administered at 5:00 AM, resulting in 1 medication error.</p> <p>During an interview on 3/25/2025 at 10:13 AM, RN A was asked did you administer Resident #22 an Omeprazole 20mg tablet. RN A confirmed she did administer the tablet. RN A was asked if the order said 5 AM should you have administered that tablet when it was ordered. RN A confirmed she should not have administered the tablet at 9 AM because it was due at 5 AM.</p> <p>(continued on next page)</p>		

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<p>F 0759</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>3. Review of the medical record revealed Resident #75 was admitted to the facility on [DATE], with diagnoses including Dysphagia, Cognitive Communication Deficit, Depression, Drug Induced Myopathy, Hypertension, and Weakness.</p> <p>Review of the MDS assessment dated [DATE], revealed Resident #75 had a BIMS Score of 11, indicating the resident was moderately cognitively impaired.</p> <p>Review of the facility's Order Summary Report dated 2/28/2025, revealed .Folic Acid .1MG [milligram] .one time a day .</p> <p>Observation during medication administration on the Long Hall Medication Cart on 3/25/2025 at 8:33 AM, revealed RN A removed the following medications to administer to Resident #75:</p> <ul style="list-style-type: none"> a. Potassium 10meq (milliequivalent) 1 tablet . b. Folic acid 400 mcg (micrograms, 1000 mcg equals 1 mg) 2 tablets (800 mcg) . c. Refresh eye drops . <p>RN A locked the medication cart, entered Resident #75's room and administered the medications and returned to the medication cart.</p> <p>During an interview on 3/25/2025 at 9:29 AM, RN A was asked how many milligrams of folic acid Resident #75 is supposed to receive. RN A confirmed Resident #75 was supposed to receive 1mg of Folic Acid but she administered 2 -400 mcg (equaling less than 1 mg) tablets because she did not have 1mg of the Folic Acid. RN A confirmed she should not have administered the 2 tablets but should have consulted the Director of Nursing for instructions or called the physician to inform him and to receive further orders.</p>

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<p>F 0761</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>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.</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 medications were properly stored and secured when 1 of 3 (Short Hall Medication Cart) medication storage areas was found unsecured and unattended when medications were found unsecured and unattended in 1 of 18 (Resident #22) resident occupied rooms.</p> <p>The findings include:</p> <ol style="list-style-type: none"> 1. Review of the facility's policy titled, Medication Storage, dated 2/1/2017, revealed .To ensure that medications and biological (biologicals) are stored in a safe, secure storage and safe handling . Compartments containing medications should be locked when not in use .Trays and carts used to transport such items should not be left unattended . 2. Review of the medical record revealed Resident #22 was admitted to the facility on [DATE], with diagnoses including Anxiety, Chronic Pain Syndrome, Hypertension, and Asthma. <p>Review of the quarterly Minimum Data Set (MDS) assessment dated [DATE], revealed Resident #22 had a Brief Interview for Mental Status Score (BIMS) of 15, indicating the resident was cognitively intact and required moderate assistance with Activities of Daily Living skills.</p> <p>Observations in Resident #22's room on 3/24/2025 at 9:09 AM and at 10:35 AM, revealed 1 bag of cough drops on the bedside table, unsecured and unattended.</p> <p>During observation and interview on 3/24/2025 at 10:38 AM, Licensed Practical Nurse (LPN) B was shown the bag of cough drops on the bedside table and was asked should they be there. LPN B confirmed they should be locked on the medication cart or in the medication room and not accessible to residents. LPN B was asked does Resident #22 have a Medication Self Administration Assessment. LPN B confirmed that no resident in the facility has been assessed to self-administer medications.</p> <ol style="list-style-type: none"> 3. Observation at the Nurses' Station on 3/24/2025 at 8:58 AM and at 9:00 AM, revealed the Short Hall Medication Cart was unlocked and unsecured, with no licensed nursing staff at the nurses' desk. <p>During an interview on 3/24/2025 at 9:05 AM, LPN B, entered the Nurses' Desk from down the Long Hall and was asked should the medication cart be left unlocked and unattended. LPN B confirmed that the medication cart should be locked at all times when not in use.</p>

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<p>F 0812</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Some</p>	<p>Procure food from sources approved or considered satisfactory and store, prepare, distribute and serve food in accordance with professional standards.</p> <p>38439</p> <p>Based on policy review, observation, and interview, the facility failed to maintain a sanitary kitchen when 1 of 1 ice machines was observed to have a dark slimy build up and when 1 of 1 nourishment refrigerator had a yellow sticky substance in the freezer and refrigerator.</p> <p>The findings include:</p> <p>1. The facility policy titled, Policy & Procedure: Sanitizing, dated 2/1/2017, revealed .food storage .areas will be kept clean and free from litter, debris .All equipment .shall be washed to clean and sanitize using hot water and/or chemical sanitization solution .Ice machines .will be .cleansed and sanitized .</p> <p>2. Observation in the kitchen on 3/24/2025 at 8:40 AM, revealed a dark slimy build up on inside of the ice machine.</p> <p>During an observation and interview on 3/24/2025 at 8:45 AM the Certified Dietary Manager (CDM) was asked if there should be a build up of dark slime in the ice machine. She stated, No .</p> <p>During an interview on 3/25/2025 at 2:15 PM, the Administrator confirmed there should not be black slime in the ice machine.</p> <p>3. During an observation and interview in the medication room on 3/26/2025 at 9:09 AM, revealed the nourishment refrigerator had a yellow sticky substance in the freezer and a yellow sticky substance on the 2nd shelf in the refrigerator. Registered Nurse (RN) A was asked if there should be a yellow substance in the freezer or on the refrigerator shelf below, RN A stated, .no .</p> <p>48285</p>		

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NAME OF PROVIDER OR SUPPLIER Towne Square Care of Puryear		STREET ADDRESS, CITY, STATE, ZIP CODE 220 College Street Puryear, TN 38251	
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 0880</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Provide and implement an infection prevention and control program.</p> <p>38439</p> <p>Based on policy review, observation and interview, the facility failed to ensure proper infection control practices were followed during medication administration when 1 of 2 nurses (Licensed Practical Nurse (LPN) C) picked items out of trash and failed to change gloves and/or use hand hygiene, when 1 of 1 (Registered Nurse (RN) A) failed to clean reusable resident equipment in between resident use, and when 1 of 2 (RN A) nurses administered medication to a resident after dropping the medication on the resident's person.</p> <p>The findings include:</p> <p>1. Review of the facility's policy titled, Hand Hygiene, dated 2/1/2017, revealed To provide guidelines to staff for proper and appropriate hand washing and hygiene techniques that will aid in the prevention of transmission of infections .Staff will perform hand hygiene by washing hands .and should be performed under the following conditions .After handling items potentially contaminated with blood, body fluids or secretions .</p> <p>Review of the facility's policy titled, Disinfecting Resident Equipment, dated 2/1/2017, revealed .To provide guidelines for disinfection in accordance with manufacturer recommendations for reusable equipment used in resident care. Reusable resident care equipment includes, but not limited to .Blood Pressure Cuff .Reusable equipment will be cleaned and disinfected after use of one resident and before use of another resident .</p> <p>2. Observation during medication administration on the Long Hall Medication Cart on 3/24/25 at 4:11 PM, revealed the following LPN C donned a pair of clean gloves, began cleaning the glucometer machine and was asked what was used to clean the glucometer machine. LPN C reached into the trash can with her gloved hand and obtained the package that the cleaning cloth came out of and then continued to clean the glucometer machine with the same gloved hands. LPN C failed to change gloves and re-clean the glucometer machine after reaching into the trash can.</p> <p>3. During medication administration on Long Hall Medication Cart 1 on 3/25/2025 at 8:33 AM, revealed RN A removed medication to administer to Resident #75. RN A entered the room, took the resident's blood pressure with a cuff blood pressure machine, and returned to the medication cart and placed the blood pressure cuff on top of the medication cart without cleaning or disinfecting.</p> <p>During medication administration on the Short Hall Medication Cart on 3/25/2025 at 8:46 AM, revealed RN A removed medications to administer to Resident #22. RN A entered Resident #22's room, took the resident's blood pressure with the same blood pressure cuff and failed to clean or disinfect after using on Resident #75 and prior to using on Resident #22.</p> <p>Observation during medication administration on the Long Hall Medication Cart on 3/25/2025 at 8:45 AM, revealed RN A removed medications for Resident #5 to be administered. RN A knocked and entered the resident's room, administered the medications, dropping one unidentified tablet on the resident's chest area, picked up the medication with her bare hands and placed it back into the medication up and administered it to Resident #5. RN A exited the room and returned to the medication cart.</p> <p>(continued on next page)</p>		

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NAME OF PROVIDER OR SUPPLIER Towne Square Care of Puryear		STREET ADDRESS, CITY, STATE, ZIP CODE 220 College Street Puryear, TN 38251	
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(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (Each deficiency must be preceded by full regulatory or LSC identifying information)		
<p>F 0880</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>During an interview on 3/25/25 at 9:21 AM, RN A confirmed that all reusable equipment should be cleaned with a sani wipe before and after each resident use and that she failed to do that in between using the blood pressure cuff on Resident #75 and #22. RN A confirmed she should have discarded the tablet she dropped on Resident #5's chest area and replaced it with another tablet and that she should not have picked it up with her bare hands.</p>		