STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	445471	A. Building B. Wing	08/02/2024

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Henderson Health and Rehabilitation Center	412 Juanita Drive Henderson, TN 38340

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 0550 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Some	Honor the resident's right to a dignified existence, self-determination, communication, and to exercise his or her rights. 30974 Based on policy review, observation, and interview, the facility failed to maintain or enhance residents' dignity and respect during dining when 7 of 15 staff members (Certified Nursing Assistants (CNA) I,K,M,N,S, Licensed Practical Nurse (LPN) H, and Registered Nurse (RN) E) failed to knock and/or announce self when entering resident rooms and failed to use courtesy titles when addressing residents during dining. The findings include: 1. Review of the undated facility's policy titled, Courtesy Titles Policy, revealed .employees should be constantly cautious to avoid using first names when addressing residents regardless of how familiar they may become .Always use Mr. and Mrs. and do not use first names or nicknames .exceptions made .if the resident makes a special request .shall be documented in the medical record . 2. Observation during dining on 7/29/2024 at 11:58 AM, revealed CNA I placed the tray on Resident #71's bedside table and said, .Here darling . Observation during dining on 7/29/2024 at 12:00 PM, revealed CNA S placed the tray on Resident #53's over bed table and said, .here honey . Observation during dining on 7/29/2024 at 12:07 PM, revealed LPN H placed the tray on Resident #63's over the bed table and said .here's your food, sweetheart . Observation during dining on 500 HALL on 7/29/2024 at 12:12 PM, revealed CNA N said, .feeders . At 12:22 PM, CNA N again said, .feeders . Observation during dining on 600 Hall on 07/29/2024 at 12:26 PM, revealed CNA S was carrying a tray down the hall and said, .feeders . Observation during dining on 7/29/24 at 11:52 AM, revealed CNA M called Resident #26, .sweet pea . Observation during dining on 7/29/2024 at 12:13 PM, revealed CNA S said, .hey baby . to Resident #35. (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: 445471	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 08/02/2024
NAME OF PROVIDER OR SUPPLIER Henderson Health and Rehabilitation Center		STREET ADDRESS, CITY, STATE, ZIP CODE 412 Juanita Drive Henderson, TN 38340	

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 0550 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Some	Observation during dining on 7/29/24 at 12:14 PM, revealed CNA S entered the room of Resident #64, and said, .hey baby, here's lunch . Observation during dining on 7/29/2024 at 12:14, revealed CNA S called Resident #68, .honey . Observation during dining on 400 Hall on 7/30/2024 at 7:41 AM, revealed CNA K said .feeders . Observation during dining on 7/30/2024 at 7:44 AM, revealed CNA K called Resident #25, .honey . Observation during dining on 7/30/2024 at 8:03 AM, RN E failed to knock prior to entering Resident #17's room and did not announce self until already in the room. During an interview on 07/31/24 at 11:41 AM, the DON was asked if staff should refer to residents as feeders or call them honey and baby. The DON stated, No they should not. The DON confirmed that staff should always knock or announce themselves when entering a resident room.

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 445471	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 08/02/2024
NAME OF PROVIDER OR SUPPLIER Henderson Health and Rehabilitation Center		STREET ADDRESS, CITY, STATE, ZIP CODE 412 Juanita Drive Henderson, TN 38340	

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 0695 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Some	Provide safe and appropriate respiratory care for a resident when needed. **NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 49269 Based on policy review, medical record review, observation, and interview, the facility failed to provide appropriate respiratory care and services consistent with professional standards of practice for 2 of 2 nurses (Registered Nurse (RN) F and Licensed Practical Nurse (LPN) C) observed for tracheostomy care, and failed to obtain a physician's order for 1 of 3 (Resident #36) sampled residents reviewed for respiratory care. The findings include: 1. Review of the facility's policy titled, TRACHEOSTOMY CARE, dated 10/21/2022, revealed The facility will ensure that residents who need respiratory care, including tracheostomy [a surgically created opening into the trachea that allows the person to breathe through a tube inserted into the opening] care .is provided such care consistent with professional standards of practice .The facility will provide necessary respiratory care and services, such as oxygen therapy . tracheostomy care .Tracheostomy care will be provided according to physicians orders .Maintain .an Ambu bag [a hand held device used to provide positive pressure ventilation to patients who are not breathing or not breathing adequately] easily accessible for immediate emergency care .The facility will ensure staff responsible for providing tracheostomy care .are trained and competent according to professional standards of practice .Procedure .Perform hand hygiene per facility policy .Suction tracheostomy per facility policy .Remove old dressing .Perform hand hygiene .Prepare equipment on bedside table .Change trach [tracheostomy] ties/tube holder when soiled or wet .Perform hand hygiene .Document procedure . Review of the facility's undated policy titled Hand Hygiene, revealed .All staff will perform proper hand hygiene procedures to prevent the spread of infection to .residents .This applies to all staff working in all locations within the facility .Conditions [for performing hand hygiene] .Between resident contacts .After handling contaminated objects .Before performing invasive procedures .Before and after handling clean or soiled dressings .Before performing resident care procedures .Before and after providing care to residents in isolation .After handling items potentially contaminated with blood, body fluids, secretions, or excretions . Review of the facility's undated policy titled Oxygen Administration, revealed .Oxygen is administered under orders of a physician .The resident's care plan shall identify the interventions for oxygen therapy . Review of the facility's undated policy titled Medication Administration, revealed .Compare .MAR [Medication Administration Record] to verify resident name, medication name, form, dose, route, and time .Administer medication as ordered .Sign MAR after administered . 2. Review of the medical record revealed Resident #276 was admitted to the facility on [DATE], with diagnoses including Cerebral Infarction, Diabetes, and Respiratory Failure. Review of the Physician's Order dated 7/11/2024, revealed .Perform trach care as needed AND every shift . (continued on next page)

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 445471	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 08/02/2024
NAME OF PROVIDER OR SUPPLIER Henderson Health and Rehabilitation Center		STREET ADDRESS, CITY, STATE, ZIP CODE 412 Juanita Drive Henderson, TN 38340	

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 0695 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Some	Review of the July 2024 Treatment Administration Record (TAR) revealed .trach [tracheostomy] care performed every shift starting on 7/11/2024 at 7:00 PM . May suction mouth and trach . Review of the Care Plan dated 7/12/2024, revealed .The resident has a tracheostomy .Trach care per md [medical doctor] order/ facility protocol .Use UNIVERSAL PRECAUTIONS as appropriate . Review of the admission Minimum Data Set (MDS) assessment dated [DATE], revealed a Brief Interview for Mental Status (BIMS) score of 15, which indicated that Resident #276 was cognitively intact. Observation of trach care and interview in the Resident's room on 7/31/2024 at 3:14 PM, revealed RN F donned gloves without performing hand hygiene and performed trach care. Resident #276 had mucus outside of the trach, onto the trach collar, and onto the towel that was lying on the Resident's chest. RN F failed to clean the mucous from the Resident's trach, trach collar, and remove soiled towel from Resident's chest. RN F removed the soiled gloves and exited the Resident's room without performing hand hygiene. RN F was asked if he should have performed hand hygiene after completion of care. RN F stated, Yes. Observation of trach care and interview in the Resident's room on 8/1/2024 at 10:11 AM, LPN C left a box fan blowing at the Resident's bedside facing the Resident. LPN C placed a barrier and supplies on Resident's abdomen. LPN C removed the soiled cannula, doffed gloves. Resident placed his hand on the barrier touching the clean gloves to keep the barrier from blowing off. LPN C donned the gloves from the barrier without performing hand hygiene. During an interview on 8/1/2024 at 4:00 PM, the Director of Nursing (DON) confirmed that staff should perform hand hygiene before and after donning and doffing gloves. The DON confirmed that trach care should include cleaning of the trach site. 3. Review of the medical record showed Resident #36 was admitted to the facility on [DATE], with diagnoses including Alzheimer's, Abnormal findings of the Lung Field, Anxiety Disorder, and Senile Degeneration of Brain. Review of the quarterly MDS assessment dated [DATE], revealed a BIMS score of 6, which indicated Resident #36 was severely cognitively impaired. Resident was not assessed for oxygen use. Review of the Care Plan revised 7/29/2024, revealed .Resident is at risk for Shortness of breath and/or respiratory distress. Oxygen per MD [physician's] order . Observation in Resident #36's room on 7/29/2024 at 9:57 AM and on 7/29/2024 at 12:22 PM, revealed the Resident was wearing a face mask connected to an oxygen concentrator set at 5.5 Liters/minute (l/min). During an observation and interview in the Resident's room with LPN T on 7/29/2024 at 3:29 PM, revealed Resident #36 was wearing a face mask connected to an oxygen concentrator set at 5.5 l/min. LPN T verified the oxygen rate was at 5 Liters. LPN T stated that she was going to go look at the order. Review of the Physician Orders revealed there were no orders for oxygen. (continued on next page)

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 445471	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 08/02/2024
NAME OF PROVIDER OR SUPPLIER: Henderson Health and Rehabilitation Center		STREET ADDRESS, CITY, STATE, ZIP CODE: 412 Juanita Drive, Henderson, TN 38340	

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 0695 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Some	During an interview on 7/29/2024 at 3:36 PM, LPN T stated that she just put in the order for oxygen into the medical record. LPN T stated that it was supposed to have been added over the weekend and did not get put in the medical record. LPN T confirmed that there should have been an order in the MAR. During an interview on 07/31/2024 at 11:37 AM, the DON was asked if physicians orders should be followed. The DON stated, Yes. During an interview on 8/01/2024 at 4:01 PM, the DON confirmed that no oxygen should be administered without a physician's order.

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 445471	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 08/02/2024

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Henderson Health and Rehabilitation Center	412 Juanita Drive Henderson, TN 38340

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 0755

Level of Harm - Minimal harm or potential for actual harm

Residents Affected - Some

Provide pharmaceutical services to meet the needs of each resident and employ or obtain the services of a licensed pharmacist.

NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY 49269

Based on facility policy review, medical record review, observation and interview, the facility failed to ensure that medication records were in order and that an account of all controlled medications were maintained and reconciled for 3 of 6 Medication (Med) Storage Areas (501-506 Hall Cart, 507-514 Hall Cart, and 400 Hall Cart) and for 8 of 8 (Resident #14, #28, #30, #39, #67, #227, #277 and #376) random medication observations.

The findings include:

1. Review of the facility's undated policy titled, Controlled Substance Accountability, revealed It is the policy of this facility to promote safe, high quality patient care, compliant with state and federal regulations monitoring the use of controlled substances. The facility will have safeguards in place in order to prevent loss, diversion or accidental exposure .In all cases, the dose noted on the usage form or entered into the automated dispensing system must match the dose recorded on the Medication Administration Record (MAR), Controlled Drug Record, or other facility specified form and placed in the patient's medical record .

2. Observation and interview at the 400 Hall Med Cart on 7/31/2024 at 10:54 AM, with LPN A, to review Resident #14's narcotic reconciliation, revealed the following:

Review of Resident #14's Controlled Drug Record revealed, .Morphine Sulfate [used to treat severe pain] . GIVE 0.25 ML [Milliliters] 5mg [Milligram] .Amount Remaining .30 ML The Morphine was delivered to the facility on [DATE] with documentation that 30ML was received and signed for by Registered Nurse on duty.

Observation of Resident #14's prescription bottle containing the labeled Morphine, that was delivered on 7/26/2024, revealed there was greater than the documented 30ML liquid in the bottle. The liquid was a clear liquid substance in the bottle labeled Morphine. In an interview, LPN A was asked about the difference in the color of the liquid in the prescription bottle compared to the other liquid Morphine bottles with blue liquid made by the same manufacturer. LPN A stated she had not noticed before now. LPN A confirmed that the Controlled Drug Record dated 7/26/2023, revealed that no doses had been administered to Resident #14.

Observation and interview on 7/31/2024 at 11:12 AM, revealed the Director of Nursing (DON) was informed of the findings related to Resident #14's Morphine Sulfate with the clear liquid noted in bottle. The DON opened the Morphine bottle and confirmed there was no seal noted on the bottle. The DON smelled the clear liquid substance in the Morphine bottle and took the medication with her.

During a phone interview on 7/31/2024 at 3:13 PM, the Pharmacist confirmed that only bottle labeled Morphine, was a blue solution, that had been dispensed for Resident #14's Morphine Sulfate.

(continued on next page)

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 445471	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 08/02/2024
NAME OF PROVIDER OR SUPPLIER: Henderson Health and Rehabilitation Center		STREET ADDRESS, CITY, STATE, ZIP CODE: 412 Juanita Drive Henderson, TN 38340	

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 0755 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Some	3. Observation and interview at the 501-506 Hall Med Cart on 7/31/2024 at 11:44 AM, LPN B was asked to verify Resident #28's Diazepam (used to treat anxiety) 2 mg card with various kinds of tape on the back of the bubble pack with doses opened and taped closed. LPN B confirmed that doses should probably be wasted instead of taped. During an interview on 7/31/2024 at 11:55 AM, the DON confirmed that medication cards should not be taped closed, and medications should be wasted if opened accidentally or otherwise. 4. Observation and interview at the 507-514 Hall Med Cart on 7/31/2024 at 11:26 AM, revealed the following: Review of the Controlled Drug Record for Resident #30 revealed, .LYRICA [used to treat nerve pain] 100MG CAPSULE .Amount Remaining .27 . Review of Resident #30's controlled drug card revealed 26 Lyrica remained on the card, resulting in a 1 capsule discrepancy in the reconciliation of the Lyrica. LPN B was asked to verify the discrepancy for Resident #30's Lyrica count. LPN B stated that she had not signed out any controlled medication that she administered this morning. 5. Review of the Controlled Drug Record for Resident #30 revealed, .HYDROCODONE-ACET [Acetaminophen] (used to treat pain) 7.5-325MG TABLET .Amount Remaining .26 . Review of Resident #30's controlled drug card revealed 25 Hydrocodone 7.5/325mg remained, resulting in a 1 tablet discrepancy in the reconciliation of the Hydrocodone. 6. Review of the Controlled Drug Record for Resident #39 revealed, .GABAPENTIN (used to treat nerve pain) 100MG 2 TABLETS .Amount Remaining .24 . Review of Resident #39's controlled drug card revealed 22 Gabapentin 100mg remained, resulting in a 1 tablet discrepancy in the reconciliation of the Gabapentin. 7. Review of the Controlled Drug Record for Resident #67 revealed, .ALPRAZOLAM (used to treat anxiety) 1MG TABLET .Amount Remaining .16 . Review of Resident #67's controlled drug card revealed 15 Alprazolam 1mg remained, resulting in a 1 tablet discrepancy in the reconciliation of the Alprazolam. 8. Review of the Controlled Drug Record for Resident #227 revealed .ALPRAZOLAM 0.5MG TABLET . Amount Remaining .12 . Review of Resident #227's controlled drug card revealed 11 Alprazolam 0.5mg remained, resulting in a 1 tablet discrepancy in the reconciliation of the Alprazolam. 9. Review of the Controlled Drug Record for Resident #277 revealed .HYDROCODONE-ACET 7.5-325MG TABLET .Amount Remaining .17 . There was no documentation a nurse verified and signed that the documented quantity of doses, and date received was correct. (continued on next page)

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 445471	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 08/02/2024
NAME OF PROVIDER OR SUPPLIER Henderson Health and Rehabilitation Center		STREET ADDRESS, CITY, STATE, ZIP CODE 412 Juanita Drive Henderson, TN 38340	

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 0755 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Some	Review of Resident #277's controlled drug card revealed 16 Hydrocodone 7.5/325 mg remained, resulting in a 1 tablet discrepancy in the reconciliation of the Hydrocodone. . 10. Review of the Controlled Drug Record for Resident #376 revealed .GABAPENTIN 800MG CAPSULE . Amount Remaining .12 . Review of Resident #376's controlled drug card revealed 11 Gabapentin 800mg remained, resulting in a 1 tablet discrepancy in the reconciliation of the Gabapentin. 11. During an interview on 7/31/2024 at 4:00 PM, the DON confirmed that Resident #14's Morphine bottle did not have a seal and the liquid was odorless. The DON confirmed that nursing staff should document controlled substance administration on the controlled drug records after administration.

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 445471	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 08/02/2024
NAME OF PROVIDER OR SUPPLIER Henderson Health and Rehabilitation Center		STREET ADDRESS, CITY, STATE, ZIP CODE 412 Juanita Drive Henderson, TN 38340	

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 0759 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Some	Ensure medication error rates are not 5 percent or greater. **NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 49269 Based on policy review, medical record review, observation, and interview, the facility failed to ensure 3 of 4 (Licensed Practical Nurse (LPN) B, C, and Registered Nurse (RN) E) nurses administered medications with a medication error rate of less than 5 percent (%). A total of 10 errors were observed out of 29 opportunities, resulting in a medication error rate of 34.48%. The findings include: 1. Review of the facility's undated policy titled, Medication Administration, revealed Medications are administered by licensed nurses .as ordered by the physician and in accordance with professional standards of practice, in manner to prevent contamination or infection .Administer medication as ordered .Wash hands using facility protocol and product .If medication is a controlled substance, sign narcotic book . Review of the facility's undated policy titled, Medication Administration via Enteral Tube, revealed It is the policy of this facility to ensure the safe and effective administration of medications via enteral feeding tubes by utilizing best practice guidelines .Each medication will be administered separately, or will [be] administered per physician order . Review of the facility's policy titled, Parenteral Intravenous Therapy, dated 10/21/2022, revealed The facility will adhere to accepted standards of practice regarding infusion practices .Review and verify physician's order for infusion solution or medication, dose, frequency, and route of administration . 2. Review of the medical record revealed Resident #71 was admitted to the facility on [DATE], with diagnoses including Encephalopathy, Asthma, Meningococcal Infection, Dysphagia, and Hypertensive Heart Disease. Review of the Physician's Order dated 7/1/2024, revealed .Heparin Sodium [used to keep intravenous catheters open]100 Units/ML .injection .use 5 milliliters intravenously every 4 hours for IV [intravenous] antibiotics flush 5ml heparin after infusion and after 10ml saline . Review of the Physician's Order dated 7/1/2024, revealed .Normal Saline Flush Intravenous Solution .Use 5ml intravenously every 4 hours for IV antibiotics flush 5ml saline before infusion . Review of the Physician's Order dated 7/15/2024, revealed .Ampicillin [used to treat infection] .Use 2 gram intravenously every 4 hours for meningitis . Observation and interview in the Resident's room on 7/30/2024 at 12:34 PM, RN E entered Resident #71's room to administer Ampicillin via right upper arm PICC (Peripherally Inserted Central Catheter) line. RN E flushed Resident #71's PICC line with Heparin 5ml flush prior to starting the Ampicillin IV infusion at 100ml/hr (milliliters per hour). RN E was asked, when should an intravenous line be flushed with Normal Saline. RN E stated at the end of the infusion. (continued on next page)

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 445471	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 08/02/2024

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Henderson Health and Rehabilitation Center	412 Juanita Drive Henderson, TN 38340

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 0759 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Some	RN E failed to administer the Normal Saline 5ml flush before the infusion, and administered Heparin 5ml flush before the infusion, resulting in 2 medication errors. 3. Review of the medical record revealed Resident #326 was admitted to the facility on [DATE], with diagnoses including Right Foot Ulcer, Sepsis, Diabetes, and Methicillin Susceptible Staphylococcus Aureus Infection. Review of the Physician's Order dated 7/18/2024, revealed .Zosyn [used to treat infection] .Use 3.375 gram intravenously .every 6 hours . Review of the Physician's Order dated 7/18/2024, revealed .Normal Saline Flush Intravenous Solution .0.9% [Percent] .Use 10ml intravenously every 6 hours for flush before infusion .Use 10ml intravenously .after infusion . Review of the Physician's Order dated 7/26/2024, revealed .Heparin Sodium Lock Flush .100unit/ML . Heparin flush should follow a NS [Normal Saline] flush every IV fusion . Observation in the Resident's room on 7/30/2024 at 1:41 PM, revealed LPN C flushed PICC line with Normal Saline 10ml. LPN C failed to flush Resident's right upper arm PICC line with Heparin after flushing with Normal Saline, resulting in 1 medication error. LPN C confirmed that the Physician's order stated to flush with Normal Saline and Heparin after every IV infusion. 4. Review of the medical record revealed Resident #276 was admitted to the facility on [DATE], with diagnoses including Cerebral Infarction, Hypertension, Diabetes, Depression, and Respiratory Failure. Review of the Physician's Orders dated 7/11/2024, revealed the following 7 medications: a.Amlodipine [used for blood pressure] .Tablet .5 MG .Give 1 tablet via [by way of] PEG [Percutaneous Endoscopic Gastrostomy] . b.Citalopram [used for depression] 20mg .Give 1 tablet via PEG . c.Fludrocortisone [used for breathing] 0.1mg .Give 0.5 tab via PEG . d.Quetiapine [used for mood] 50mg .Give 1 tab via PEG . e.Sodium Chloride [supplement] 1 gram .Give 1 tab via PEG . f.Aspirin [used for heart health] 81mg .Give 1 tab via PEG . g.Lansoprazole [used for acid reflux] 30mg . Give 1 tab via PEG . Observation in the resident's room on 7/31/2024 at 8:41 AM, revealed LPN B crushed each medication separately, placed each crushed medication in the same medication cup, and mixed meds with 30ml of water, cocktailing (to combine the medications together and administer) the medications. LPN B then administered the following medications via Peg tube per gravity, and flushed Peg tube with 30ml of water afterwards: (continued on next page)

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 445471	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 08/02/2024
NAME OF PROVIDER OR SUPPLIER Henderson Health and Rehabilitation Center		STREET ADDRESS, CITY, STATE, ZIP CODE 412 Juanita Drive Henderson, TN 38340	

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 0759 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Some	a. Amlodipine b. Citalopram c. Fludrocortisone d. Quetiapine e. Sodium Chloride f. Aspirin g. Lansoprazole Review of the Physician's orders revealed there was no order to cocktail the medications for administration. The administration of these 7 medications cocktailed together without a physician's order, resulted in 7 medication errors. 5. During an interview on 8/1/2024 at 4:00 PM, the Director of Nursing (DON) confirmed that nurses should follow Physician's orders regarding administration of medications and performing flushing IVs with Heparin and Normal Saline. The DON confirmed that medications should not be cocktailed when administering via Peg tubes without a Physician's order to cocktail the medications.

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 445471	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 08/02/2024
NAME OF PROVIDER OR SUPPLIER Henderson Health and Rehabilitation Center		STREET ADDRESS, CITY, STATE, ZIP CODE 412 Juanita Drive Henderson, TN 38340	

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 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. 49269 Based on policy review, observation, and interview the facility failed to ensure that medications were properly and securely stored when 2 of 4 nurses (Licensed Practical Nurse (LPN) B and C) left medications unattended and unsecured on the 400 Hall and 600 Hall Medication Carts. The findings include: 1. Review of the undated facility policy titled, Medication Storage revealed .All drugs and biologicals will be stored in locked compartments (i.e. [that is], medication carts .During medication pass, medications must be under the direct observation of the person administering medications or locked in the medications storage area/cart . 2. Observation outside of Resident #327's room on 7/30/2024 at 12:33 PM, revealed LPN C left the medication cup with crushed Baclofen (treatment of muscle pain) on the 600 Hall Medication Cart unattended and unsecured while donning Personal Protective Equipment (PPE). Observation in Resident #327's room on 7/30/2024 at 12:42 PM, revealed LPN C went to wash hands in the bathroom while the medications were on the overbed tray outside the bathroom at the resident's bedside. During an interview on 7/30/2024 at 12:51 PM, LPN C confirmed medications should not be left unattended and unsecured. 3. Observation on the 400 Hall on 8/1/2024 at 8:00 AM, revealed LPN B left a medication cup with Bupropion (antidepressant) on the 400 Hall Medication Cart unattended and unsecured while looking for an outlet for the computer. During an interview on 8/1/2024 at 4:00 PM, the Director of Nursing (DON) confirmed that medications should be in sight of the nurse at all times.

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 445471	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 08/02/2024

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Henderson Health and Rehabilitation Center	412 Juanita Drive Henderson, TN 38340

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 0812 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Procure food from sources approved or considered satisfactory and store, prepare, distribute and serve food in accordance with professional standards. **NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 49311 Based on policy review, observation, and interview, the facility failed to ensure food was stored properly when there were unlabeled, undated, and expired items in 2 of 2 resident nourishment refrigerators. The findings include: 1. The facility's undated policy titled, Use or storage of food brought in by family or visitors, revealed .All food items .by the family or visitor brought in must be labeled . and dated .The facility may refrigerate labeled and dated .items in the nourishment refrigerator .If not consumed within 3 days, food will be thrown away by the facility staff . 2. Observation in the ,d+[DATE] Hall Nutrition Room on [DATE] at 3:46 PM, with Licensed Practical Nurse (LPN) G revealed the following in the residents' nourishment refrigerator: A cup of (named brand) ice cream unlabeled and undated. Three (3) tubs of (named brand) ice cream unlabeled and undated. A gallon of orange juice unlabeled and undated. 3. Observation in the ,d+[DATE] Nutrition Room on [DATE] at 3:59 PM, with LPN H, revealed the following in the residents' nourishment refrigerator: A box of breakfast croissants undated. A carton of ice cream unlabeled and undated, A frozen dinner unlabeled and undated. A gallon of milk undated. A pack of bologna undated. A bag of pre-sliced salami undated and expired. Two (2) containers of vanilla protein drinks undated. A pitcher of milk undated. A container of unsweetened applesauce undated. A bag of grapes unlabeled and undated. (continued on next page)

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 445471	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 08/02/2024
NAME OF PROVIDER OR SUPPLIER Henderson Health and Rehabilitation Center		STREET ADDRESS, CITY, STATE, ZIP CODE 412 Juanita Drive Henderson, TN 38340	

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 0812 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	2 boxes of tortilla pockets unlabeled and undated. A gallon of milk unlabeled and undated. A bag of lunch meat unlabeled and undated. A bottle of creamer unlabeled and undated. A six pack of (named brand) alcoholic beverage with only one bottle left for Resident #7. Resident #7 did not have an order and was not care planned for alcohol. During an interview on [DATE] at 3:48 PM, LPN G was asked if all items in the residents' nourishment refrigerator should be labeled and dated. LPN G stated, Yes. During an interview on [DATE] at 4:02 PM, LPN H was asked should alcoholic beverages be in the resident's nourishment refrigerator. LPN H stated, Absolutely not. LPN H was asked if unlabeled, undated, or expired items should be in the resident nourishment refrigerator. LPN H stated, No. During an interview on [DATE] at 4:08 PM, The Director of Nursing (DON) was asked should alcohol for residents be care planned and ordered. The DON stated, Yes. The DON was asked if alcohol should be stored in the resident's nourishment refrigerator. The DON stated, No, it should be stored like narcotics and signed out. During an interview on [DATE] at 8:32 AM, the Certified Dietary Manager confirmed that there should not be alcohol in the resident's nourishment refrigerator, all foods should be dated with an open date, not be expired, and be labeled with the resident's name. During an interview on [DATE] at 8:38 AM, The DON confirmed that the facility did not have an alcohol storage policy for residents.

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 445471	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 08/02/2024
NAME OF PROVIDER OR SUPPLIER Henderson Health and Rehabilitation Center		STREET ADDRESS, CITY, STATE, ZIP CODE 412 Juanita Drive Henderson, TN 38340	

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 0880 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Some	Provide and implement an infection prevention and control program. **NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 30974 Based on policy review, medical record review, observation, and interview, the facility failed to ensure practices to prevent the potential spread of infection were maintained when 3 of 15 staff members (Certified Nursing Assistant (CNA) L, N, and O) observed during dining failed to perform hand hygiene, and when 1 of 6 staff members (Licensed Practical Nurse (LPN) C) failed to observe Enhanced Barrier Precautions for 1 of 6 (Resident #326) sampled residents and 2 of 4 (LPN B and C) nurses failed to clean reusable equipment during medication administration. The findings include: 1. Review of the facility's undated policy titled, Hand Hygiene, revealed .All staff will perform proper hand hygiene procedures to prevent the spread of infection to .residents .This applies to all staff working in all locations within the facility .Conditions [for performing hand hygiene] .Between resident contacts .After handling contaminated objects . Review of the facility's undated policy titled, Cleaning and Disinfection of Resident-Care Equipment, revealed .Multiple-resident use equipment shall be cleaned and disinfected after each use . Review of the facility's undated policy titled, Enhanced Barrier Precautions, revealed .Enhanced Barrier Precautions refers to an infection control intervention designed to reduce transmission of multi drug-resistant organisms that employs targeted gown and gloves use during high contact resident care activities . 2. Observation in Resident #56's room on 7/30/2024 at 7:37 AM, revealed Certified Nursing Assistant (CNA) L failed to perform hand hygiene after handling items in the environment and before handling the straw and setting up the tray. Observations in Resident #46's room on 7/30/2024 at 7:39 AM, revealed CNA L failed to perform hand hygiene between setting up residents' trays in the same room. Observations in Resident #47's room on 7/30/2024 at 7:41 AM, revealed CNA L failed to perform hand hygiene between rooms and after handling the remote to raise the bed and handling the curtain at the end of the bed before setting up the tray. Observations in Resident #14's room on 7/30/2024 at 7:43 AM, revealed CNA L failed to perform hand hygiene between roommates and handling the remote to raise bed before handling the straw to place it in a glass. Observation in Resident #26's room on 7/30/2024 at 7:53 AM, revealed CNA N pulled the curtain, adjusted the Resident, picked up the biscuit with her bare hand, cut it, picked up the sausage, and placed it on the biscuit. CNA N raised the Resident's head of bed and picked up the sausage biscuit and placed it to resident's lips. CNA N did not perform hand hygiene after touching items in the environment. (continued on next page)

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 445471	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 08/02/2024
NAME OF PROVIDER OR SUPPLIER Henderson Health and Rehabilitation Center		STREET ADDRESS, CITY, STATE, ZIP CODE 412 Juanita Drive Henderson, TN 38340	

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 0880 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Some	Observation in Resident #60's room on 7/30/2024 at 8:15 AM, revealed CNA N picked up the Resident's biscuit with her bare hands, cut it, picked it back up and put jelly on it. Observation in Resident #39's room on 7/30/2024 at 8:15 AM, revealed CNA O touched the biscuit with her bare hand to cut, set it down, opened the jelly and touched the biscuit again with bare hands to put the jelly on it. During an interview on 7/30/2024 at 8:18 AM, CNA N was asked if she should touch resident's foods with her bare hand. CNA N stated, I thought so because we can't feed with gloves on. During an interview on 7/30/2024 at 2:05 PM, CNA O was asked if she should have worn gloves when touching a resident's food with her bare hands. CNA O stated, she should have put on gloves when touching a resident's food. During an interview on 07/31/2024 at 11:41 AM the DON was asked should staff touch residents' food with bare hands. The DON stated .Probably should wear gloves but I don't know I would have to look at the policy. 3. Review of the medical record revealed Resident #71 was admitted to the facility on [DATE], with diagnoses including Encephalopathy, Meningococcal Infection, and Hypertension. Observation and interview in the Resident's room on 7/30/2024 at 12:34 PM, revealed RN E failed to perform hand hygiene when changing gloves during IV (intravenous) medication administration. RN E confirmed that hand hygiene should be performed when donning and doffing gloves and when performing resident care. Review of the medical record revealed Resident #326 was admitted to the facility on [DATE], with diagnoses including Right Foot Ulcer, Sepsis, Diabetes, and Methicillin Susceptible Staphylococcus Aureus Infection. Review of the Physician's Order dated 7/29/2024, revealed .Enhanced Barrier Precautions r/t [related to] IV and wounds. Gown and gloves must be worn when performing high-contact resident care . Observation and interview in the Resident's room on 7/30/2024 at 1:41 PM, revealed LPN C failed to apply PPE (Personal Protective Equipment) for Resident #326, who was in Enhanced Barrier Precautions during IV medication administration. LPN C was asked when PPE should be worn. LPN C confirmed that PPE should be worn when providing direct care and administering medications. 4. Review of the medical record revealed Resident #276 was admitted to the facility on [DATE], with diagnoses including Cerebral Infarction, Hypertension, Diabetes, Depression, and Respiratory Failure. Review of the Physician's Order dated 7/11/2024, revealed Check tube placement by auscultation . Review of the Physician's Order dated 7/29/2024, .Enhanced Barrier Precautions r/t [related to] indwelling medical devices, peg [percutaneous endoscopic gastrostomy a tube used for nutrition and medications], trach[tracheostomy] until resolves. every shift for peg, trach . (continued on next page)

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 445471	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 08/02/2024
NAME OF PROVIDER OR SUPPLIER Henderson Health and Rehabilitation Center		STREET ADDRESS, CITY, STATE, ZIP CODE 412 Juanita Drive Henderson, TN 38340	

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 0880 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Some	Observation in the Resident's room on 7/31/2024 at 8:41 AM, revealed LPN B checked PEG tube placement by placing the stethoscope on the resident's abdomen during medication administration, and failed to clean stethoscope before or after use on Resident #276. 5. Observation in the Resident's room on 7/30/2024 at 12:42 PM, revealed during medication administration LPN C listened for PEG tube placement by placing the stethoscope on the resident's abdomen, and did not clean before or after use on Resident #327. During an interview on 7/30/2024 at 12:51 PM, LPN C was asked if she should have cleaned her stethoscope before or after using on Resident #327. LPN C stated, Yes, most definitely. Observation on 8/1/2024 at 8:00 AM, revealed LPN B checked Resident #66's blood pressure. LPN B placed the electronic blood pressure reader on the Resident's leg and placed the cuff around Resident's arm. LPN B didn't clean or disinfect the blood pressure cuff before or after use on Resident #66. During an interview on 8/1/2024 at 4:00 PM, the DON was asked if reusable equipment should be cleaned between use on residents. The DON stated, Yes. The DON confirmed that staff should perform hand hygiene before and after donning and doffing gloves, PPE should be worn with enhanced barrier precautions with all direct care on residents with tubes, artificial lines, wound, or openings.