

Department of Health & Human Services
Centers for Medicare & Medicaid Services

Printed: 07/31/2025
Form Approved OMB
No. 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 445474	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 05/20/2025
NAME OF PROVIDER OR SUPPLIER Hermitage Health Center		STREET ADDRESS, CITY, STATE, ZIP CODE 1633 Hillview Drive Elizabethton, TN 37643	
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 0641 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	<p>Ensure each resident receives an accurate assessment.</p> <p>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 41782</p> <p>Based on Centers for Medicare & Medicaid Services (CMS) Long-Term Care Facility Resident Assessment Instrument (RAI) 3.0 User's Manual, medical record review, and interview, the facility failed to accurately complete a Minimum Data Set (MDS) assessment for 1 resident (Resident #23) of 5 residents reviewed for unnecessary medications.</p> <p>The findings include:</p> <p>Review of the CMS Long-Term Care Facility RAI 3.0 User's Manual, updated 10/2023, revealed . MEDICATIONS .The intent of the items in this section is to record the number of days, during the last 7 days . that .select medications were received by the resident .Antiplatelet .Check if an antiplatelet medication (e.g., [example] aspirin .) was taken by the resident at any time during 7-day observation period .</p> <p>Review of the medical record revealed Resident #23 was admitted to the facility on [DATE] and readmitted on [DATE] and 3/19/2025 with diagnoses including Atrial Flutter, Need for Assistance with Personal Care, Anxiety, Dementia, and Hypertension.</p> <p>Review of the 5-day Minimum Data Set (MDS) assessment dated [DATE], revealed Resident #23 re-entered the facility from a Short-Term General Hospital on 3/19/2025. Continued review revealed .Check if the resident is taking any medications by pharmacological classification .during the last 7 days or since admission/entry or reentry . It was noted that Resident #23 received antiplatelet medications during the previous 7 days.</p> <p>Review of the Medication Administration Record (MAR) dated 3/1/2025 - 3/31/2025, revealed an order for . Aspirin .81 MG [milligrams] .by mouth one time a day .Start Date .06/03/2024 .D/C [discontinue] Date . 03/19/2025 . Resident #23 received the medication daily from 3/1/2025 - 3/16/2025 and did not receive any doses after 3/16/2025.</p> <p>(continued on next page)</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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F 0641 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	<p>During an interview on 5/20/2025 at 9:50 AM, MDS Coordinator A stated Resident #23's 5-day MDS assessment dated [DATE] revealed the resident received antiplatelet medications during the 7-day look back period. MDS Coordinator A stated Resident #23 was taking Aspirin (antiplatelet) daily. Resident #23 was hospitalized from 3/16/2025 to 3/19/2025 and it was not continued upon readmission to the facility on [DATE]. MDS Coordinator A confirmed Resident #23 last received Aspirin on 3/16/2025. MDS Coordinator A confirmed the 3/26/2025 MDS assessment had been coded incorrectly and Resident #23 had not received antiplatelet medication during the 7-day look back period as indicated on the MDS assessment.</p> <p>During an interview on 5/20/2025 at 12:34 PM, the Director of Nursing (DON) stated she or the Assistant Director of Nursing (ADON) signed off on MDS assessments. The DON confirmed it was her expectation that MDS assessments were accurate and Resident #23's MDS assessment dated [DATE] was not accurate related to antiplatelet medications.</p>		

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<p>F 0842</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Safeguard resident-identifiable information and/or maintain medical records on each resident that are in accordance with accepted professional standards.</p> <p>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 41782</p> <p>Based on medical record review and interview, the facility failed to ensure the medical record was accurate for 1 resident (Resident #33) of 18 residents reviewed for medical records.</p> <p>The findings include:</p> <p>Review of the medical record revealed Resident #33 was admitted to the facility on [DATE] with diagnoses including Congestive Heart Failure, Anxiety, Dementia, and Prediabetes.</p> <p>Review of the Comprehensive Admission Skin assessment dated [DATE], revealed .upper denture .natural lower .</p> <p>Review of the quarterly Minimum Data Set (MDS) assessment dated [DATE], revealed Resident #33 scored a 9 on the Brief Interview for Mental Status (BIMS) assessment, which indicated the resident had moderate cognitive impairment. Resident #33 did not have mouth or facial pain, discomfort or difficulty chewing.</p> <p>Review of the Long Term Care Evaluation dated 4/30/2025, revealed .Teeth/dentures .Has dentures .Has no teeth .Lower Dental Appliance .Lower Full .Upper Dental Appliance .Upper Full .</p> <p>During an observation and interview on 5/19/2025 at 8:01 AM, Resident #33 was seated on the side of the bed eating breakfast with no concerns noted. Resident #33 had top dentures and poor dentition on the bottom with missing teeth. Resident #33 denied pain or difficulty chewing.</p> <p>Review of the Social Services note dated 5/19/2025, revealed .Spoke with daughter .about her mom's teeth. She states that she [Resident #33] threw her bottom set away at the hospital when her husband passed. She states that resident did not want to get another pair of bottom teeth .</p> <p>During an interview on 5/19/2025 at 3:36 PM, the Director of Nursing (DON) and Administrator stated Resident #33 had a top plate denture and some natural teeth on the bottom. Resident #33's daughter reported the resident threw away her bottom denture plate prior to admission in 2022. The DON confirmed the Long Term Care Evaluation dated 4/30/2025 stated the resident had upper and lower dentures and was not accurate and Resident #33 did not have lower dentures.</p> <p>During an interview on 5/19/2025 at 3:46 PM, the DON confirmed it was her expectation that nursing assessments were complete and accurate.</p>		