

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 445477	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 03/06/2025
NAME OF PROVIDER OR SUPPLIER Dickson Health and Rehab		STREET ADDRESS, CITY, STATE, ZIP CODE 901 N Charlotte Dickson, TN 37055	

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 0561</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Honor the resident's right to and the facility must promote and facilitate resident self-determination through support of resident choice.</p> <p>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 44724</p> <p>Based on policy review, medical record review, observation, and interviews the facility failed to honor food preferences for 1 of 24 (Resident #35) residents.</p> <p>The findings include:</p> <ol style="list-style-type: none"> Review of the facility policy titled, Resident Food Preferences . dated 10/2024, revealed .Nutritional assessments will include an evaluation of individual food preferences. Residents receive food prepared in a form designed to meet individual needs, including preferences . Review of the medical record revealed Resident #35 was admitted to the facility on [DATE], with diagnoses including Chronic Obstructive Pulmonary Disease, Morbid (Severe) Obesity, Muscle Weakness, Bariatric Surgery Status, and Gastro-Esophageal Reflux Disease. <p>Review of Progress Note dated 10/15/2024, revealed . Continue to honor food preferences and encourage fluid restriction compliance</p> <p>Review of the care plan dated 12/13/2024, revealed .at risk for impaired nutrition .Honor food preferences and update PRN [as needed] .</p> <p>Review of the annual Minimum Data Set (MDS) assessment dated [DATE], revealed Resident #35 had a Brief Interview for Mental Status (BIMS) score of 15 which indicated that the resident was cognitively intact.</p> <p>During an interview conducted on 3/3/2025 at 12:00 PM, Resident #35 states, .I don't like gravy, but they always give it to me anyway .</p> <p>Observation of the resident's lunch tray on 3/3/2025 at 1:16 PM, revealed gravy covering the entire piece of meat. Meal card on tray stated, .Dislikes .gravy .Tray Instructions .No .Gravy .</p> <p>During an interview conducted on 3/5/2025, at 8:48 AM, the Registered Dietician (RD) stated, The staff should be following her [Resident #35] choices .</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 0636</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Assess the resident completely in a timely manner when first admitted, and then periodically, at least every 12 months.</p> <p>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 44724</p> <p>Based on review of the Resident Assessment Instrument (RAI) Version 3.0 Manual, medical record review, and interview, the facility failed to complete a comprehensive resident admission assessment within 14 calendar days after admission for 1 of 21 residents (Resident #215) sampled residents reviewed.</p> <p>The findings include:</p> <p>1. Review of the RAI Manual Version 3.0 dated 10/2023, revealed, .For the Admission assessment, the MDS [Minimum Data Set] Completion Date (Z0500B) must be no later than 13 days after the Entry Date (A1600) . For the Admission assessment, the Care Area Assessment (CAA) Completion Date (V0200B2) must be no later more than 13 days after the Entry Date (A1600) .</p> <p>2. Review of the medical record revealed Resident #215 was admitted to the facility on [DATE], with diagnoses which included Wedge Compression Fracture of T7 - T8 (break in the vertebrae located at the 7th and 8th thoracic level of the spine), Wedge Compression Fracture of T11-T12 (break in the vertebrae located at the 11th and 12th thoracic level of the spine), Acute Respiratory Failure, Unspecified Cirrhosis of Liver, and Chronic Systolic Congestive Heart Failure.</p> <p>Review of the Admission MDS assessment for Resident #215 revealed a completion date of 3/4/2025, 19 days after the resident was admitted to the facility.</p> <p>During a telephone interview on 3/5/2025 at 11:15 AM, Regional Registered Nurse (RN) stated, .since end of January [2025] the facility has been without an MDS coordinator, I just oversee that they are setting the appropriate assessments and making sure their assessments are completed .</p> <p>During a telephone interview on 3/6/2025 at 7:56 AM, Regional RN was asked when an admission MDS should be completed, and she stated within 14 days of admission. Regional RN was asked to review Resident #215's MDS with completion date of 3/4/2025, and asked if the MDS was completed timely. Regional RN stated, No, it was not.</p>

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<p>F 0637</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Assess the resident when there is a significant change in condition</p> <p>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 44724</p> <p>Based on review of the Centers for Medicare and Medicaid Services (CMS) Resident Assessment Instrument (RAI) Version 3.0 Manual, medical record review and interview, the facility failed to complete a significant change assessment for 1 resident (Resident #57) of 21 residents reviewed.</p> <p>The findings include:</p> <ol style="list-style-type: none"> 1. Review of CMS's RAI Version 3.0 Manual Chapter 2 dated 10/2023 revealed .Guidelines to Assist in Deciding If a Change Is Significant or Not .When a .Resident enrolls in a hospice program .must be within 14 days from the effective date of the hospice election . 2. Review of the medical record revealed Resident #57 was admitted to the facility on [DATE], and readmitted on [DATE], with diagnoses which included Alzheimer's Disease, Dementia, Hyperlipidemia, and Hypothyroidism. <p>Review of Resident #57's Discharge Summary from Hospital #1 dated 12/2/2024, revealed, General Information . 12/2 [12/2/2024] return to LTC [Long Term Care, hospice/palliative care to follow .</p> <p>Review of the Quarterly Minimum Data Set (MDS) dated [DATE] revealed Resident #57 had a Brief Interview for Mental Status (BIMS) score of 0 and resident was unable to complete BIMS. Continued review revealed Resident #57 received hospice care during the assessment reference period.</p> <p>During a telephone interview on at 3/5/2025 at 11:15 AM, Regional Registered Nurse (RN) stated .I would expect a significant change MDS to be completed within 14 days after the determination to start hospice and if the resident decides to change hospice companies. I do not see a significant change was completed for [Named Resident #57] .</p>

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<p>F 0640</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Encode each resident's assessment data and transmit these data to the State within 7 days of assessment.</p> <p>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 48285</p> <p>Based on review of the Minimum Data Set (MDS) 3.0 Resident Assessment Instrument (RAI) Manual, medical record review, and interview, the facility failed to complete resident assessments, using the Centers for Medicare & Medicaid Services-specific RAI (Resident Assessment Instrument) process, within the regulatory time frames for 2 of 21 sampled residents (Resident #28 and #48) reviewed for completion of the MDS resident assessments.</p> <p>The findings include:</p> <ol style="list-style-type: none"> Review of the MDS 3.0 RAI Manual v (version) 1.19.1 October 2024, page 5-2 revealed . For the Admission assessment, the Care Area Assessment (CAA) Completion Date .must be no later more than 13 days after the Entry Date .For the Annual assessment, the CAA Completion Date .must be no later than 14 days after the ARD Review of the medical record revealed Resident #28 was admitted to the facility on [DATE], with diagnoses including Diabetes, Dementia, Contractures of Bilateral Lower Legs, Depression and Anxiety. <p>Review of the annual MDS with an Assessment Reference Date (ADR) of 12/13/2024, revealed a completion date of 1/13/2025. The annual assessment should have been completed by 12/27/2024.</p> <p>During an interview on 3/5/2025 at 3:06 PM, the Senior Director of Clinical Reimbursement confirmed the MDS submission was not timely.</p> <ol style="list-style-type: none"> Review of the medical record revealed Resident #48 was admitted to the facility on [DATE], with diagnoses including Peripheral Vascular Disease, End Stage Renal Disease, Chronic Pain Syndrome and Diabetes. <p>Review of the annual MDS assessment dated [DATE], revealed a BIMS score of 15 which revealed Resident #48 was cognitively intact. Special procedure included Dialysis. Occasional incontinence of bladder and always incontinent of bowel. Surgical wound and dressing to feet. Medications included antipsychotics, antibiotics, and opioids.</p> <p>Review of the discharge MDS dated [DATE], revealed a completion date of 3/3/2025 that had not been submitted.</p> <p>During an interview with the 3/5/2025 3:11 PM, the Senior Director of Clinical Reimbursement confirmed the MDS submission was not timely.</p>		

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<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** 44724</p> <p>Based on facility policy review, medical record review, observation, and interview, the facility failed to develop comprehensive care plans for 2 of 21 (Residents #55 and #215) sampled residents.</p> <p>The findings include:</p> <ol style="list-style-type: none"> Review of the facility policy titled, Comprehensive Care Plans, dated 8/2024, revealed .An individualized comprehensive centered care plan that includes measurable objectives and time frames to meet the resident's medical, nursing, mental, cultural and psychological needs is developed for each resident . Assessments of residents are ongoing and care plans are revised as information about the resident and the resident's condition change .if a history of trauma, interventions for care that address such based upon known interventions from qualified professions, and interventions that the staff may use to eliminate or mitigate triggers that may cause re-traumatization .Each resident's comprehensive care plan is designed to . Incorporate identified problem areas .incorporate risk factors associated with identified problems .The Care Planning/Interdisciplinary is responsible for the periodic review and updating of care plans .When there has been a significant change in the resident's condition . at least quarterly. Review of the medical record revealed Resident #55 was admitted to the facility on [DATE], with diagnoses which included Chronic Obstructive Pulmonary Disease, Chronic Pain Syndrome, and Post-Traumatic Stress Disorder (PTSD). <p>Review of Resident #55's Comprehensive Care Plan with revision dated 8/4/2024, revealed a focus for Alcohol Dependence, Insomnia, Impaired Visual Function, ADL (Activities of Daily Living) Self care Performance, and needs encouragement and assistance to activities. The Comprehensive Care Plan did not address Resident #55's Chronic Pain Syndrome or Post Traumatic Stress Disorder.</p> <p>Review of the Quarterly Minimum Data Set (MDS) dated [DATE], revealed Resident #55 had a Brief Interview for Mental Status (BIMS) score of 9, which indicated moderately impaired cognition. Resident required supervision or touching assistance with bed mobility, setup or clean-up assistance with eating, and dependent with toileting and transfers. Resident #55 was always incontinent of bladder and frequently incontinent of bowel.</p> <p>Review of Resident #55's Psychiatry Progress notes dated 1/16/2025, revealed Anxiety, PTSD, Adult Failure to Thrive, Alcohol Induced Dementia, Manipulative Personality/ Mood Disorder, and Insomnia stable at present.</p> <p>During an observation on 3/4/2025 at 7:55 AM, Resident #55 was in his bed with call light in reach.</p> <p>During an interview on 3/6/2025 at 10:09 AM, the Director of Nursing (DON) was asked if a resident had a diagnosis of PTSD, should that be addressed on the care plan and she stated, .Yes . The DON was asked if a resident experienced pain should that be addressed on the care plan and she stated, Yes.</p> <p>(continued on next page)</p>

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<p>F 0656</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 #215 was admitted to the facility on [DATE], with diagnoses which included Wedge Compression Fracture of T7 - T8 (break in the vertebrae located at the 7th and 8th thoracic level of the spine), Wedge Compression Fracture of T11-T12 (break in the vertebrae located at the 11th and 12th thoracic level of the spine), Acute Respiratory Failure, Unspecified Cirrhosis of Liver, and Chronic Systolic Congestive Heart Failure.</p> <p>Review of the Comprehensive Care Plan dated 2/21/2025, for Resident #215 revealed a focus for the two areas of transfer status and risk for altered nutritional/hydration status. No further care plan problems were noted on the Comprehensive Care Plan.</p> <p>Review of Resident #215's Admission MDS assessment dated [DATE], revealed a BIMS score of 15, which indicated no cognitive impairments. Continued review revealed Resident #215 was dependent for toileting, shower/bathe, dressing, and personal hygiene. Continued review revealed Resident #215 was always incontinent of bowel and bladder, frequently experienced pain, history of falls, and admitted with a Stage 4 pressure ulcer. Resident #215's Care Area Assessment (CAA) Summary (triggered care areas to indicate whether to care plan) dated 3/4/2025, revealed ADL (Activities of Daily Living) function, Urinary Incontinence, Falls, Pressure Ulcer, and Pain was triggered and a decision to care plan was marked.</p> <p>During an observation and interview on 3/5/2025 at 9:25 AM, Resident #215 was in the bed. Resident #215 was asked if she had any skin issues. Resident #215 stated, .I have a sore on my bottom, and it hurts me.</p> <p>During a telephone interview on at 3/5/2025 at 11:15 AM, Regional Registered Nurse (RN) stated, .since the end of January the facility has been without an MDS Coordinator, I just oversee that they are setting up the appropriate assessments and making sure their assessments are completed . Regional RN was asked to review Resident #215's CAA Summary dated 3/4/2025. Regional RN stated, .the facility should be going by the CAA Summary and proceed to care plan per the assessment.</p> <p>51365</p>

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<p>F 0657</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Develop the complete care plan within 7 days of the comprehensive assessment; and prepared, reviewed, and revised by a team of health professionals.</p> <p>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 44724</p> <p>Based on policy review, medical record review, and interview, the facility failed to update or revise the care plans for 4 of 21 (Resident #55, #56, #57, and #220) sampled residents reviewed.</p> <p>The findings include:</p> <ol style="list-style-type: none"> Review of the facility policy titled, Comprehensive Care Plans, dated 8/2024, revealed .An individualized comprehensive centered care plan that includes measurable objectives and time frames to meet the resident's medical, nursing, mental, cultural and psychological needs is developed for each resident . Assessments of residents are ongoing and care plans are revised as information about the resident and the resident's condition change . If a history of trauma, interventions for care that address such based upon known interventions from qualified professions, and interventions that the staff may use to eliminate or mitigate triggers that may cause re-traumatization .Each resident's comprehensive care plan is designed to . Incorporate identified problem areas .incorporate risk factors associated with identified problems .The Care Planning/Interdisciplinary is responsible for the periodic review and updating of care plans .When there has been a significant change in the resident's condition .At least quarterly . Review of the facility policy titled, Using the Care Plan, dated 10/2024, revealed .The care plan shall be used in developing the resident's daily care routines and will .Changes of Condition should be reported .care plans update accordingly .Changes in the resident's condition will be reported . Review of the medical record revealed Resident #55 was admitted to the facility on [DATE], with diagnoses including Alcohol Dependence, Adult Failure to Thrive, and Post-Traumatic Stress Disorder (PTSD). <p>Review of the care plan dated 6/14/2024, with a last revision date of 1/23/2025, revealed there were no focus/problems or interventions on the care plan for risk related to PTSD.</p> <p>Review of the quarterly MDS dated [DATE], revealed Resident #55 had a BIMS score of 9, which indicated moderately impaired cognition, required staff assistance with Activities of Daily Living (ADLS), and an active diagnosis of PTSD.</p> <p>During an interview on 3/6/2025 at 10:09 AM, the DON confirmed that a diagnosis of PTSD should be addressed on Resident #55's Care Plan.</p> <ol style="list-style-type: none"> Review of the medical record revealed Resident #56 was admitted to the facility on [DATE], and readmitted on [DATE], with diagnoses which included Pneumonia, Severe Sepsis without Septic Shock, Acute Respiratory Failure, and Hemiplegia and Hemiparesis. <p>(continued on next page)</p>

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<p>F 0657</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Review of the Admission MDS dated [DATE], revealed Resident #56 had a BIMS score of 13, which indicated intact cognitive abilities. Continued review revealed Resident #56 required supervision for eating, substantial/maximal assistance with toileting, shower/bathing, dressing and was always incontinent of bowel and bladder. Further review revealed Resident #56 had history of falls and was at risk for pressure ulcers.</p> <p>Review of Resident #56's Care Area Assessment (CAA) Summary (triggered care areas to indicate whether to care plan) dated 9/26/2024, revealed vision, communication, ADLs, Urinary Incontinence, Falls, Nutrition, and Pressure Ulcer was triggered and a decision to care plan was marked.</p> <p>Review of the Initial Wound Evaluation and Management Summary dated 9/28/2024, for Resident #56 revealed Unstageable Deep Tissue Injury (DTI - tissue damage when pressure compromises blood flow to underlying tissue) measuring 2.5 in (inches) length by 1.5 in width and depth not measurable with dressing treatment plan for house barrier cream apply every shift for 7 days. Continued review revealed the plan of care was discussed with patient, nursing staff member and the DON.</p> <p>Review of the Wound Evaluation and Management Summary dated 10/25/2024 for Resident #56 revealed Unstageable DTI measuring 0.7 in length, 0.6 cm in width, and depth not measurable with dressing treatment plan house barrier cream for 7 days.</p> <p>Review of Resident #56's Comprehensive care plan revealed a focus for falls dated 11/14/2024, and a focus for nutrition dated 1/22/2025. No care plans per the CAA Summary for vision, communication, ADLs, Urinary Incontinence, or risk for pressure ulcers.</p> <p>Review of Resident #56's Order Review History Report dated 2/5/2025-3/5/2025 revealed an order for Duloxetine HCL (Hydrochloride) (Antidepressant) oral capsule delayed release sprinkle 60 mg give 1 capsule by mouth one time a day for depression and Tramadol HCL (pain medication) oral tablet 50 mg give 1 tablet by mouth every 12 hours as needed for pain.</p> <p>Review of Resident #56's Order Review History Report dated 2/5/2025-3/5/2025 revealed the use of Gabapentin (medication given for pain) 100 mg every 8 hours for neuropathic pain, and Lantus Solostar subcutaneous solution (Insulin) 100 unit/ML (milliliters) inject 15 units one time a day related to Diabetes Mellitus.</p> <p>Review of the Comprehensive care plan revealed no care focus for pain, Diabetes, or pressure ulcers.</p> <p>During an interview on 3/05/25 at 8:41 AM, the Registered Dietician (RD) was asked if she was aware of Resident #56's pressure ulcer. RD reviewed Resident #56's electronic chart and stated, .I would be reviewing her for the DTI which started on 2/21/2025 as MASD (Moisture Associated Skin Damage) and then 2/28/2025 it was DTI .I only see two focuses fall and nutrition on her care plan .</p> <p>(continued on next page)</p>		

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<p>F 0657</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>During a telephone interview on at 3/5/2025 at 11:15 AM Regional Registered Nurse (RN) stated, .I am a regional consultant for the facility, Yes I schedule MDS tracking for them, Care plan focuses I see [for Named Resident #56] are focus for fall history, nutrition and hydration status those are the only care plans that I see, I would expect the pressure injury to be on the care plan. The CAA review for the 9/13/2024 MDS full assessment noted to proceed to care plan for visual, communication, functional abilities, urinary incontinence, pressure ulcer, and psychotropic drug use was marked to go to the care plan. They did not complete care plans per the CAA summary review .</p> <p>4. Review of the medical record revealed Resident #57 was admitted to the facility on [DATE] and readmitted on [DATE] with diagnoses which included Alzheimer's Disease, Dementia, Hyperlipidemia, and Hypothyroidism.</p> <p>Review of Resident #57's Discharge Summary from Hospital #1 dated 12/2/2024, revealed, General Information .12/2 [12/2/2024] return to LTC [Long Term Care, hospice/palliative care to follow .</p> <p>Review of the MDS dated [DATE], revealed Resident #57 had a BIMS score of 0 and resident was unable to complete BIMS. Continued review revealed signs and symptoms of delirium were inattention and disorganized thinking. Resident #57 received an antipsychotic over the last 7 days and received hospice care during the assessment reference period.</p> <p>Review of Resident #57's Order Review History Report dated 2/5/2025-3/5/2025 revealed resident #57 was receiving Duloxetine HCL [Hydrochloride) oral capsule 60 mg by mouth one time a day for Depression, Tramadol HCL oral tablet 50 mg by mouth every 12 hours as needed for pain and Gabapentin oral capsule 100 mg by mouth every 8 hours for Neuropathic pain. Further review of the orders revealed no order for hospice care.</p> <p>Review of the care plan for Resident #57 revealed a focus for risk for elopement and wanders initiated on 9/27/2024, a focus for altered nutritional/hydration status initiated on 10/2/2024, and focus for mood problem displayed as agitation, anxiety due to Dementia; episodes of swinging upper extremities at staff during increased periods of agitation. The care plan did not reflect a focus for hospice or use of antipsychotics.</p> <p>During a telephone interview on at 3/5/2025 at 11:15 AM, Regional RN was asked to review Resident #57's comprehensive care plan. Regional RN stated, .I do not see a focus for hospice care on the care plan. If a resident is experiencing pain, receiving pain medications or taking an antipsychotic this should be care planned. [Named Resident #57] is receiving Ativan (antianxiety) and Seroquel (antipsychotic) and I do not see a pain care plan or a focus for the use of Antipsychotic medications .</p> <p>5. Review of the medical record revealed Resident #220 admitted to the facility on [DATE], and readmitted on [DATE], with diagnoses which included Fracture of First Lumbar Vertebrae, Unsteadiness on feet, Asthma, and Type 2 Diabetes Mellitus.</p> <p>Review of the Comprehensive Care Plan dated 2/13/2025, revealed one focus for altered nutritional/hydration status related to Diabetes Mellitus, Gastroesophageal Reflux Disorder, and Chronic Kidney Disease. Continued review of the care plan revealed no further care plan focus for Resident #220.</p> <p>(continued on next page)</p>		

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<p>F 0657</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Review of the Admission MDS dated [DATE], revealed Resident #220 had a BIMS score of 15 which indicated no cognitive impairment. Review of Resident #220's CAA Summary dated 3/4/2025 revealed Functional Abilities, Urinary Incontinence, Pressure Ulcer, and Pain was triggered and a decision to care plan was marked.</p> <p>During a telephone interview on at 3/5/2025 at 11:15 AM, Regional RN stated, the facility should be going by the CAA Summary and proceed to care plan per the assessment.</p> <p>48285</p> <p>49311</p>

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<p>F 0677</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Provide care and assistance to perform activities of daily living for any resident who is unable.</p> <p>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 44724</p> <p>Based on facility policy review, medical record review, observations, and interviews, the facility failed to ensure 1 of 21 sampled residents (Resident #215) had clean and groomed fingernails.</p> <p>The findings include:</p> <ol style="list-style-type: none"> 1. Review of the facility policy titled, Care of Fingernails/Toenails, dated 10/2024 revealed, . The purpose of this procedure are to clean the nail bed, to keep nails trimmed, and to prevent infections .Nail care includes daily cleaning and regular trimming . 2. Review of the medical record revealed Resident #215 was admitted to the facility on [DATE], with diagnoses which included Wedge Compression Fracture of T7 - T8 (break in the vertebrae located at the 7th and 8th thoracic level of the spine), Wedge Compression Fracture of T11-T12 (break in the vertebrae located at the 11th and 12th thoracic level of the spine), Acute Respiratory Failure, Unspecified Cirrhosis of Liver, and Chronic Systolic Congestive Heart Failure. <p>Review of Resident #215's Admission Minimum Data Set (MDS) assessment dated [DATE], revealed a Brief Interview for Mental Status (BIMS) score of 15, which indicated no cognitive impairments. Continued review revealed Resident #215 was dependent for toileting, shower/bathe, dressing, and personal hygiene.</p> <p>Review of Resident #215's bathing task from 2/19/2025-3/3/2025 revealed she received a shower on 2/21/2025 and 2/28/2025. Continued review revealed Resident #215 received a bed bath on 2/24/2025, 2/26/2025, 3/1/2025, and 3/2/2025.</p> <p>Observation and interview on 3/3/2025 at 10:56 AM in Resident #215's room revealed the resident had dried brown debris under her long unkept fingernails on both hands, she stated, I think I had a shower last Friday.</p> <p>Observation and interview on 3/3/2025 at 2:00 PM in Resident #215's room revealed the resident continued to have dried brown debris under her long unkept fingernails on both hands. Resident #215 stated, .I don't think I got a bath yesterday .</p> <p>Observation and interview on 3/4/2025 at 8:15 AM revealed Resident #215 eating her breakfast. Resident #215's fingernails continued to have dried debris under her long unkept fingernails.</p> <p>The Director of Nursing (DON) was asked to come into Resident #215's room on 3/4/2025 at 8:22 AM, to observe the resident's fingernails. The DON confirmed (Resident 215's) fingernails were long and filled with brown debris on both hands and stated, I will get this took care of now.</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>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** 48285</p> <p>Based on policy review, medical record review, observation, and interview, the facility failed to follow Physician orders related to parameters for the use of as needed (PRN) pain medication for 1 of 5 sampled residents (Resident #44) reviewed for unnecessary medications; and related to Percutaneous Endoscopic Gastrostomy (PEG) medication administration for 1 of 6 sampled residents (Resident #3) reviewed for medication administration, and failed to collaborate care with Hospice Services for 1 of 3 sampled residents (Resident #515) reviewed for Hospice.</p> <p>The findings:</p> <p>1. Review of the facility policy titled, General Dose Preparation and Medication Administration ., dated 2/2024, revealed .Prior to preparing or administering medications .Facility staff should verify that the medication name and dose are correct when compared to the medication order on the medication administration record .</p> <p>Review of the facility policy titled, Hospice Program ., dated 10/2024, revealed .Obtain a physician's order for Hospice services to include diagnosis .that match the hospice information on the certification of terminal illness .Obtain the physician certification or re-certification for Hospice services .Collaboration and coordination of hospice care .Ensure the appropriate documentation is readily available .A nursing progress note stating hospice saw the resident and notes to follow .If the hospice does not document in PCC [Point Click Care] .scan and upload hospice documentation to the resident's electronic medical record .to include . most recent Hospice plan of care .election form .certification for terminal illness .Names and contact information of hospice personnel involved .Visit notes from all hospice disciplines .</p> <p>Review of the Facility's policy titled, Administering Medications Through an Enteral Tube ., dated 12/2021, revealed, .Aspirate small amount of stomach contents .If there is more than 100 ml [milliliter] of stomach content, withhold medication and notify the physician .</p> <p>2. Review of the medical record revealed Resident #44 was admitted to the facility on [DATE], with diagnoses including Atrial Fibrillation, Adult Failure to Thrive, and Radiculopathy (pinched nerve).</p> <p>Review of the quarterly Minimum Data Set (MDS) assessment dated [DATE], revealed a Brief Interview for Mental Status (BIMS) score of 13, which indicated Resident #44 was cognitively intact.</p> <p>Review of the Physician's orders dated 12/4/2024, revealed . oxycodone .10 MG [milligrams] .Give 10 mg by mouth every 4 hours as needed for breakthrough Pain Between 7-10 [with 10 being the worst pain] on pain scale discontinued 1/31/2025 .</p> <p>Review of the December 2024 Medication Administration Record (MAR) revealed oxycodone 10 mg was administered on 12/1/2024, 12/3/2024, 12/5/2024, 12/6/2024, 12/10/2024, 12/19/2024, 12/24/2024, and 12/25/2024 for pain rated below 7.</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>Review of the January 2025 MAR revealed oxycodone 10 MG was administered on 1/5/2025, 1/9/2025, 1/24/2025, and 1/30/2025 for pain rated below 7.</p> <p>Review of the Physician's orders dated 1/31/2025, revealed .oxyCODONE .Oral Capsule 5 MG .Give 1 capsule by mouth every 6 hours as needed for breakthrough pain level 7-10 .</p> <p>Review of the February 2025 MAR revealed oxycodone 5 MG was administered on 1/1/2025, 1/15/2025, 1/18/2025, 1/19/2025, 1/20/2025, 1/21/2025, 1/22/2025, 1/23/2025, 1/25/2025, 1/27/2025, and 1/28/2025 for pain rated less than 7.</p> <p>Review of the March 2025 MAR revealed oxycodone 5 MG was administered on the following dates for pain rated less than 7 on 3/1/2025 and 3/2/2025.</p> <p>During an interview on 3/5/2025 at 10:02 AM, the Director of Nursing (DON) was asked if the Physician prescribes a medication with parameters should the physician's orders be followed. The DON replied, Yes, absolutely.</p> <p>3. Review of the medical record revealed Resident #3 was admitted to the facility on [DATE], with diagnoses including Cerebral Palsy, Heart Failure, and Gastrostomy.</p> <p>Review of the Physician's orders dated 8/12/2023, revealed, .Enteral Feed . two times a day for Feeding Check residual prior to feeding/meds. If there is more than 100 ml of stomach content, withhold feeding/medication and notify the physician .</p> <p>Review of the Care Plan dated 8/14/2023, revealed .at risk for fluid balance fluctuation, alteration in nutrition and weight loss Date initiated: 04/30/2024 .Administer medication as ordered . Check residual prior to feeding/meds [medications]. If there is more than 100 ml [milliliters] of stomach content, withhold feeding/medication and notify the physician. Date Initiated: 05/24/2024 .</p> <p>Review of the annual MDS dated [DATE], revealed the BIMS score was unable to be assessed due to severe cognitive impairment. Resident #3 was assessed for the use of a feeding tube.</p> <p>Review of the Physician's orders dated 8/25/2024, revealed, . levetiracetam [a medication used to treat epilepsy] Oral Solution 100 MG /ML Give 10 ml via [by way of] PEG [a feeding tube in the stomach inserted through the abdominal wall] -Tube three times a day for seizures .</p> <p>Observation during medication administration on the [NAME] Hall on 3/5/25 at 1:59 PM, revealed Licensed Practical Nurse (LPN) N, failed to aspirate stomach contents to verify residual prior to administering Resident #3's medication per peg tube.</p> <p>During an interview on 3/5/2025 at 5:24 PM, the Director of Nursing (DON) confirmed aspiration of stomach contents should have been performed to verify residual prior to medication administration.</p> <p>4. Review of the medical record revealed Resident #515 was admitted to the facility on [DATE], with diagnoses including Parkinson's Disease, Dementia, and Anxiety.</p> <p>Review of the care plan dated 5/18/2023, revealed Resident was receiving hospice services from (Named Hospice) secondary to terminal prognosis.</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>Review of the physician orders dated 7/28/2023 revealed Resident #515 was admitted to Hospice.</p> <p>Review of the MDS assessment dated [DATE], revealed a BIMS score was unable to be completed. Resident #515 was severely impaired for daily decision making. Special procedures and programs included Hospice Care.</p> <p>Review of the hospice documentation scanned into Resident #515's record revealed the last hospice document was from 3/13/2024.</p> <p>During an interview on 3/5/2025 at 2:15 PM, LPN R was asked if there were any current Hospice documents. She stated, Everything has been scanned, and we haven't gotten any documents from them in a while . She was unable to locate any documents to show collaboration with the hospice agency or the required documentation per the facility policy.</p> <p>51365</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** 44724</p> <p>Based on the facility policy, facility list of residents that wander, medical record review, observation and interview the facility failed to provide an environment free of accident hazards for 1 of 21 (Resident #34) sampled residents when nursing staff left razors open and unattended on a table in Resident #34's room.</p> <p>The findings include:</p> <ol style="list-style-type: none"> 1. Review of the facility policy titled, Needlesticks and Cuts, dated 4/2024 revealed, .Personnel will follow our facility's established procedures to help prevent injuries caused by .sharp blades, broken glass, or other sharp instruments or devices .Staff shall place .sharp objects in puncture-resistant containers . 2. Review of the facility list of residents that wander revealed 5 residents that frequently wander within the facility. 3. Review of the medical record revealed Resident #34 was admitted to the facility on [DATE], with diagnoses which included Unspecified Systolic Congestive Heart Failure, Muscle Weakness, Unsteadiness on feet, Need for Assistance with personal care, and Restlessness and Agitation. <p>Review of the Quarterly Minimum Data Set (MDS) assessment dated [DATE] revealed Resident #34 had a Brief Interview for Mental Status (BIMS) score of 3, which indicated severe cognitive impairment. Continue review revealed Resident #34 required supervision with shower/bath and personal hygiene.</p> <p>Observation in Resident #34's room on 3/3/2025 at 10:10 AM and 3:32 PM, revealed 2 blue disposable razors on his nightstand.</p> <p>Observation in Resident #34's room on 3/4/2025 at 8:28 AM, revealed 2 blue disposable razors on his nightstand.</p> <p>Observation and interview in Resident #34's room on 3/4/2025 at 8:30 AM, Certified Nursing Assistant (CNA) D and CNA L acknowledged the open razors on the table and stated, .we are not supposed to have razors in the room, they should be in the shower room or central supply . The CNAs were asked why the razors should be kept in a secured area. CNA L stated, .for the safety of our residents, any type of sharp is dangerous .</p> <p>During an interview on 3/4/2025 at 8:33 AM, Licensed Practical Nurse (LPN) N stated, .razors should be in central supply or placed in sharps box, we do have residents that wander on this hall .</p> <p>During an interview on 3/5/2025 at 2:00 PM the Administrator was asked if razors should be in a resident's room. The Administrator stated, .No .residents shouldn't have them in the room .the razors should be locked in the shower room .</p>		

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<p>F 0698</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Provide safe, appropriate dialysis care/services for a resident who requires such services.</p> <p>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 48285</p> <p>Based on policy review, medical record review and interview, the facility failed to have a physician's order for a resident's dialysis treatments, failed to assess and monitor the dialysis site for a thrill (palpable vibration felt over a vessel), and infection, failed to weigh or get vital signs, and failed to have an accurate individualized care plan for 1 of 1 (Resident #48) sampled residents for dialysis.</p> <p>The findings include:</p> <p>1. Review of the facility policy titled, Comprehensive Care Plans ., dated 8/2024, revealed .An individualized comprehensive centered care plan that includes measurable objectives and time frames to meet the resident's .needs is developed for each resident .Assessments of residents are ongoing and care plans are revised as information about the resident and the resident's condition change .Each resident's comprehensive care plan is designed to .incorporate identified problem areas .incorporate risk factors associated with identified problems .The Care Planning/Interdisciplinary is responsible for the periodic review and updating of care plans .When there has been a significant change in the resident's condition .At least quarterly .</p> <p>Review of the facility policy titled, Using the Care Plan ., dated 10/2024, revealed .The care plan shall be used in developing the resident's daily care routines and will .Changes of Condition should be reported .care plans update accordingly .Changes in the resident's condition will be reported .</p> <p>Review of the facility policy titled, Dialysis, Care for a Resident ., dated 9/2023, revealed .Obtain orders for dialysis to be provided at a certified dialysis center .The care plan will reflect the resident's needs related to . dialysis care .Pre and Post Dialysis Documentation .Prior to dialysis, provide communication to include .New labs and results .Any changes in diet, intake or resistance to care .any concerns with access site .upon return from dialysis, document .Post weight .bleeding at site .</p> <p>2. Review of the medical record revealed Resident #48 was admitted to the facility on [DATE], with diagnoses including Peripheral Vascular Disease, End stage Renal Disease, Chronic Pain Syndrome and Diabetes.</p> <p>Review of the care plan dated 11/22/2024, revealed Resident #48 receives dialysis 3 times A week (peritoneal) [treatment for kidney failure] r/t [related to] End Stage Renal Disease .Left Above Knee Amputation .For peritoneal dialysis, administer solute as directed by Provider/Dialysis Center .</p> <p>The care plan indicated that Resident #48 received peritoneal dialysis. The Resident actually received hemodialysis. There is no documentation that Resident #48 goes to dialysis outside the facility.</p> <p>(continued on next page)</p>		

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<p>F 0698</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Review of the Minimum Data Set (MDS) assessment dated [DATE], revealed a Brief Interview for Mental Status (BIMS) score of 15, which revealed Resident #48 was cognitively intact, special procedure included Dialysis, surgical wound and dressing to feet, and medications included antipsychotics, antibiotics, and opioids.</p> <p>Review of the Physician's Orders dated March 2025 revealed there was no orders for hemodialysis, the location of the dialysis fistula, monitoring the fistula for patency, or a diet for Resident #48.</p> <p>During an interview on 3/5/2025 at 10:52 AM, Licensed Practical Nurse (LPN) N, stated that they don't get weights before or after dialysis, there is no communication with the dialysis clinic and vital signs are not gotten when Resident #48 returns from clinic.</p> <p>During an interview on 3/5/2025 at 11:01 AM, the Director of Nursing and Unit Manager confirmed there should be orders for hemodialysis, monitoring the fistula for patency and a renal diet.</p> <p>During an interview on 3/5/2025 at 3:06 PM, the Senior Director of Clinical Reimbursement confirmed the care plan is not accurate.</p>

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<p>F 0710</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Obtain a doctor's order to admit a resident and ensure the resident is under a doctor's care.</p> <p>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 51365</p> <p>Based on policy review, medical record review, observation, and interview the facility failed to obtain a Physician's Order for hospice care and a foley catheter for 1 of 21 (Resident #53) sampled residents.</p> <p>The findings include:</p> <ol style="list-style-type: none"> 1. Review of the facility policy titled, Hospice Program ., dated 6/2021, revealed, .Obtain a physician's order for Hospice services to include diagnosis . <p>Review of the facility's policy titled, Admission Orders, Physician Orders . dated 5/2023, revealed, . Residents will have orders for their immediate care .</p> <ol style="list-style-type: none"> 2. Review of the medical record revealed Resident #53 was admitted to the facility on [DATE], with diagnoses including Pleural Effusion, Type 2 Diabetes Mellitus, Atrial Fibrillation, and Diastolic (Congestive) Heart Failure. <p>Review of the Significant Change Minimum Data Set (MDS) dated [DATE], revealed Resident #53 had a Brief Interview for Mental Status (BIMS) score of 13, which indicated that Resident #53 was cognitively intact. Resident #53 was not assessed for an indwelling catheter or Hospice care.</p> <p>Review of the facility's Progress Notes/Social Services Note dated 1/22/2025, revealed, . Resident admitted to hospice care with [Name of Hospice] on 1/21/2025 per family request.</p> <p>Observation in Resident #53's room on 3/4/2025 at 7:45 AM, revealed resident resting in bed with foley catheter bag secured to bedside. Foley catheter bag dated 3/2/2025.</p> <p>Observation in Resident #53's room on 3/4/2025 at 12:46 PM, revealed resident resting in bed, foley catheter bag secured to bed, bag dated 3/2/2025.</p> <p>During an interview on 3/4/2025 at 12:50 PM, Licensed Practical Nurse (LPN) N was unable to provide a physician's order for Resident #53's urinary catheter.</p> <p>During an interview on 3/5/2025 at 5:34 PM, the Director of Nursing (DON) confirmed that there should be a physician order for a foley catheter and hospice services.</p>

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<p>F 0727</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Have a registered nurse on duty 8 hours a day; and select a registered nurse to be the director of nurses on a full time basis.</p> <p>47127</p> <p>Based on the facility policy review, record review, and interviews, the facility failed to maintain Registered Nurse (RN) Coverage for 8 consecutive hours a day 7 days a week.</p> <p>The findings included:</p> <ol style="list-style-type: none"> 1. Review of the facility policy review titled Nursing Services dated 3/2025 revealed .The community provides adequate staffing with the appropriate competencies and skills sets to provide nursing and related services to assure residents safety and attain or maintain the highest practicable physical, mental and psychosocial well-being of each resident. The community will provide licensed nursing staff 24 hours a day, 7 days a week . 2. Review of facility list of RNs revealed, the facility had a Director of Nursing (DON) and 3 additional RNs on staff. <p>Review of the December 2024 weekend Punch Detail revealed no RN coverage for 8 consecutive hours on 12/1/2024, 12/13/2024, and 12/20/2024.</p> <p>Review of January 2025 weekend Punch Detail revealed no RN coverage for 8 consecutive hours on 1/17/2025 and 1/31/2025.</p> <p>Review of the staffing clock in and out punches for 1/17/25 through 3/3/2025, revealed no RN coverage for 8 consecutive hours on 1/17/2025 through 1/31/2025, 2/3/2024, 2/4/2025, 2/5/2025, 2/6/2025, 2/7/2025, 2/10/2025, 2/11/2025, 2/12/2025, 2/13/2025, 2/14/2025, 2/21/2025, and 2/26/2025.</p> <ol style="list-style-type: none"> 3. During an interview on 3/5/2025 at 10:00 AM, the restorative, staffing coordinator, was asked whether there had been RN coverage for 8 hours a day 7 days a week. The staffing coordinator stated there was a time when they did not have a full time Director of Nursing. The facility has had some challenges with staffing due to turn overs and negative work environment. <p>During an interview on 3/6/2025 at 9:20 AM, the DON stated she started at the facility in February. The facility had a travel contract DON from November 2024 through February 2025. The DON stated she had not been made of any concerns related to RN coverage.</p> <p>During an interview on 3/6/2025 at 9:28 AM, the Administrator was asked whether she had concerns with RN coverage. She agreed that there had been some concerns. The Administrator stated she had been used to having an RN as Minimum Data Set (MDS) nurse as well. The Administrator stated the DON served in the capacity of a charge nurse only. The Administrator was asked whether the facility has used agency staffing and she stated they do not use agency but did have a contract DON.</p>		

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<p>F 0756</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Ensure a licensed pharmacist perform a monthly drug regimen review, including the medical chart, following irregularity reporting guidelines in developed policies and procedures.</p> <p>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 47127</p> <p>Based on policy review, medical record review, and interview, the facility failed to provide evidence of a monthly pharmacist drug regimen review for 2 of 5 sampled residents (Residents #38 and #44) reviewed for unnecessary medications.</p> <p>The findings include:</p> <p>1. Review of the facility policy titled, Medication Regimen Reviews, dated 2/2025, revealed .Provide the Attending Physician with access or a process to document in the resident's medical record that: a. The irregularity that has been reviewed; b. Action if any that has been taken to address it; and c. Rationale for no change based upon the reported irregularity .</p> <p>2.Review of medical record revealed Resident #38 was admitted to the facility on [DATE], with diagnoses including Type 2 Diabetes Mellitus, Heart Failure, Dementia, and Hypertension.</p> <p>Review of the Physician's orders dated 8/30/2023, revealed .RisperDAL .37.5 MG [milligram] .Inject 2 ml [milliliter] intramuscularly at bedtime every 14 day(s) related to Dementia .</p> <p>Review of the Physician's orders dated 11/21/2023, revealed .Depakote Sprinkles Capsule Sprinkle 125 MG . Give 2 capsule by mouth at bedtime for mood stabilization .</p> <p>Review of the Physician's orders dated 8/27/2024, revealed .HYDROcodone-Acetaminophen .5-325 MG . Give 1 tablet by mouth three times a day for pain .</p> <p>Review of the Physician's orders dated 1/13/2025, revealed .DULoxetine .Delayed Release Particles 30 MG . Give 30 mg by mouth two times a day for Lumbosacral spinal stenosis .</p> <p>Review of the annual MDS assessment dated [DATE], revealed a BIMS score of 9, which indicated Resident #38 was moderately cognitively intact. Resident was on antipsychotic, antidepressant, antibiotic, opioid, antiplatelet, and hypoglycemic.</p> <p>Review of the Physician's orders dated 2/22/2025, revealed .trazodone .100 MG .Give 1 tablet by mouth at bedtime for insomnia .</p> <p>The facility was unable to provide Medication Regimen Review and Pharmacy Recommendations for December 2024, January 2025, and February 2025.</p> <p>3. Review of medical record revealed Resident #44 was admitted on [DATE], with diagnoses including Atrial Fibrillation, Adult Failure to Thrive, and Radiculopathy.</p> <p>Review of the Physician's orders dated 11/27/2024, revealed .busPIRone .10 MG .Give 10 mg by mouth two times a day for Anxiety .Eliquis Oral Tablet 5 MG . Give 5 mg by mouth two times a day for Blood thinner .</p> <p>(continued on next page)</p>		

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<p>F 0756</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Review of the quarterly MDS assessment dated [DATE] revealed a BIMS score of 13, which indicated Resident #44 was cognitively intact.</p> <p>Review of the Physician's orders dated 1/13/2025, revealed . DULoxetine .30 MG .Give 30 mg by mouth two times a day for Lumbosacral spinal stenosis .</p> <p>Review of the Physician's orders dated 1/25/2025, revealed . Furosemide Oral Tablet 40 MG .Give 40 mg by mouth one time a day for edema .</p> <p>Review of the Physician's orders dated 1/31/2025, revealed . oxyCODONE .Oral Capsule 5 MG .Give 1 capsule by mouth every 6 hours as needed for breakthrough pain level 7-10 .OxyCODONE .12 Hour Abuse-Deterrent 10 MG Give 1 tablet by mouth every 12 hours for moderate to severe pain .</p> <p>Review of the Physician's orders dated 2/12/2025, revealed . DULoxetine HCl Oral Capsule Delayed Release Particles 60 MG (Duloxetine HCl) Give 60 mg by mouth two times a day for Complex Regional Pain Syndrome .</p> <p>The facility was unable to provide Medication Regimen Review and Pharmacy Recommendations for December 2024, January 2025, and February 2025.</p> <p>4. During an interview on 3/5/2025 at 11:50 AM, the Regional Nurse Consultant (RNC) revealed the facility was unable to provide the Pharmacy Recommendations. The RNC stated that the Pharmacist reports go directly to the Physician, and he is supposed to implement the recommendations, put the new orders in if any, and scan the recommendations into the resident's chart. The RNC stated that she had looked back thru December and the Physician had not implemented any changes or scanned any recommendations from the pharmacy from December to present.</p> <p>49311</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>50780</p> <p>Based on policy review, observation, and interview, the facility failed to ensure medications were properly and securely stored when medications were left unattended on 1 of 4 medication carts (medication cart #1) and the facility failed to date an opened multi-dose vial of refrigerated Tuberculin Purified Protein Derivative (aids in the detection of infection) in the medication refrigerator in 1 of 2 (East) medication rooms.</p> <p>The findings include:</p> <p>1. Review of the facility policy titled, Storage of Medications ., dated 10/2024, revealed, .The facility shall store all drugs and biologicals in a safe, secure, and orderly manner. Medications requiring refrigeration must be stored in a refrigerator located in the drug room . and be labeled accordingly.</p> <p>Review of the facility policy titled, General Dose Preparation and Medication Administration, dated 2/2024, revealed, Facility staff should not leave medications or chemicals unattended. Facility staff should enter the date opened on the label of medications with shortened expiration dates.</p> <p>Review of the undated package insert for Tuberculin Purified Protein Derivative found on WWW.fda.gov/ U.S Food and Drug Administration(.gov) revealed, a vial of TUBERSOL [Tuberculin Purified Protein Derivative] which has been entered and in use for 30 days should be discarded.</p> <p>2. Observation in the medication room (East) on 3/5/2025 at 4:57 PM, with Licensed Practical Nurse (LPN) Q revealed an opened and undated multi-dose vial of tuberculin purified protein derivative 5 tu (tuberculin unit) /0.1 in the medication refrigerator. The vial was approximately half full.</p> <p>During an interview on 3/5/2025 at 5:24 PM, the Director of Nursing (DON) confirmed that an open vial of tuberculin purified protein derivative should be labeled and dated.</p> <p>3. Observation of a medication administration on 3/5/2025 at 7:43 AM, with Registered Nurse (RN) P, revealed RN P left the medication cart (cart #1) and entered Resident #52's room leaving the following medications unsecured and unattended on top of cart #1:</p> <ul style="list-style-type: none"> a. Cozaar oral tablet 50mg (milligram) (used to treat high blood pressure). b. Methocarbamol oral tablet 750mg (used to treat muscle spasms). c. Hydroxyzine HCL (Hydrochloride) (a form of salt) oral tablet 50mg (used for anxiety). d. Estradiol oral tablet 1mg (used for hormone replacement). e. Fluoxetine HCL capsule 20mg (used to treat depression). <p>(continued on next page)</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>f. Acetaminophen extra strength tablet 500mg (used to treat fever and pain).</p> <p>g. Omeprazole oral tablet delayed release 20mg (used to treat reflux).</p> <p>h. Docusate sodium oral tablet 100mg (used to treat constipation).</p> <p>During an interview on 3/5/2025 at 5:24 PM, the Director of Nursing (DON) confirmed medications should not be left out unattended and unsecured.</p> <p>51365</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>48285</p> <p>Based on policy review, kitchen sanitation logs, refrigerator temperature logs, observation, and interview, the facility failed to ensure food was served under sanitary conditions when the kitchen floor was dirty with pieces of paper scattered on the floor, a black rubber floor mat was sticky and had crumbs and particles under it, the deep fryer had a sticky build up, the oven handles were sticky and the oven had crumbs in it, and 3 dry food storage bins had crumbs and thick sticky area in the outer edge of the lids. The facility failed to log refrigerator temperatures on the nutrition refrigerator and had an undated item in it. The facility had a census of 62 with 62 of those residents receiving a tray from the kitchen.</p> <p>The findings include:</p> <p>1. Review of the facility policy titled Refrigerators and Freezers, dated 10/2024, revealed .Monthly tracking sheets will include time, temperature .and initials .employees will check and record refrigerator and freezer temperatures daily .</p> <p>Review of the facility policy titled Sanitation, dated 10/2024, revealed .The food service area shall be maintained in a clean and sanitary manner .kitchen areas .shall be kept clean .Utensils, counters, shelves and equipment shall be kept clean .The Food Services Manager will be responsible for scheduling staff for regular cleaning of kitchen and dining areas .Food service staff will be trained to maintain cleanliness throughout their work areas during all talks, and to clean after each task before proceeding to the next assignment .</p> <p>2. Observation in the kitchen on 3/3/2025 at 9:05 AM with [NAME] V revealed the following:</p> <p>Oven handles were sticky, the inside of the oven was dirty with dried food, the floor was dirty with small pieces of paper throughout the kitchen floor, the deep fryer had dried oil on the outside caked on the back, 3 dry goods container lids had a greasy build up and crumbs, there were crumbs on the shelf of the prep table across from the oven, and liquid eggs undated in plastic bag sitting in dirty water in a plastic bin.</p> <p>During an interview on 3/3/2025 at 9:35 AM, [NAME] V was shown the dried grease and crumbs on the dry good bins. [NAME] V was asked if the liquid eggs should be undated sitting in dirty water in the refrigerator. She replied, No .</p> <p>3. Observation in the kitchen on 3/4/2025 at 9:58 AM revealed the rubber mat in the dish wash area was very sticky with a lot of crumbs underneath that could be seen through the holes in the mat, the floor under the dishwasher table was dirty with dried white liquid and crumbs, the dry goods bins still with sticky build up and crumbs, the oven handles were still sticky, deep fryer still had dried oil on the outside and caked on the back, and dried sticky substance and crumbs in utensil drawer.</p> <p>During an interview on 3/4/2025 at 10:23 AM the Registered Dietician (RD) confirmed the kitchen should be clean.</p> <p>(continued on next page)</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>4. Review of the February and March 2025 cleaning schedule duties dated 2/2/2025 through 3/8/2025, assigned for the 5:00 AM cook, the 5:00 AM aide, the 6:00 AM aide, the 11:30 AM cook, and the 11:30 AM aide, had multiple blank areas that were not initialed as having been performed. There were no cleaning logs dated after 3/8/2025.</p> <p>The 5:00 AM cook failed to initial the following dates 2/2/2025 through 2/13/2025, 2/15/2025, 2/16/2025, 2/29/2025 through 3/3/2025 and 3/5/2025 through 3/8/2025.</p> <p>The 5:00 AM aide failed to initial the following dates 2/2/205 through 2/20/2025, 2/22/202025 through 3/2/2025 and 3/4/2025 through 3/8/2025.</p> <p>The 6:00 AM aide failed to initial the following dates 2/2/205, 2/7/2025 through 2/9/2025, 2/12/2025 through 2/27/2025, and 2/20/202025 through 3/8/2025.</p> <p>The 11:30 AM cook failed to initial the following dates 2/2/2025, 2/4/2025 2/5/2025, 2/7/2025 through 2/16/2025, 2/18/2025 through 2/20/2025, 2/22/2025 through 3/4/2025 and 3/6/2025 through 3/8/2025.</p> <p>The 11:30 AM aide failed to initial the following dates 2/2/2025 through 2/6/2025, 2/8/2025, 2/12/2025, 2/14/2025 through 2/22/2025 and 2/27/2025 through 3/8/2025.</p> <p>During an interview on 3/4/2025 at 12:28 PM, the Registered Dietician (RD) confirmed the cleaning logs should be initialed after the assignments are completed.</p> <p>5. Observation and interview on 3/4/2025 at 3:04 PM the [NAME] Nutrition .Refrigerator Log .March 2025 had no temperatures recorded on the log. There was 1 pint of chocolate ice cream with not dated. The RD was asked if items in the nutrition refrigerator should be dated. RD stated, Yes. the RD also confirmed the temperature log should be filled out daily.</p>		

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<p>F 0851</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Electronically submit to CMS complete and accurate direct care staffing information, based on payroll and other verifiable and auditable data.</p> <p>47127</p> <p>Based on review of facility policy, Quarterly Payroll Based Journal (PBJ), and interview the facility failed maintain adequate staffing on the weekend for 3 of 4 Quarters in 2024. The facility failed to maintain higher than a One Star Staffing Rating for 4 of 4 Quarters.</p> <p>The findings include:</p> <p>1. Review of the facility policy review titled Nursing Services dated 3/2025 revealed .The community provides adequate staffing with the appropriate competencies and skills sets to provide nursing and related services to assure residents safety and attain or maintain the highest practicable physical, mental and psychosocial well-being of each resident. The community will provide licensed nursing staff 24 hours a day, 7 days a week .</p> <p>2. Review of the Quarterly PBJ dated January 1 - March 31, 2024, revealed the facility Triggerred for One Star Staffing Rating and Excessively Low Weekend Staffing.</p> <p>Review of the Quarterly PBJ dated April 1 - June 30, 2024, revealed the facility Triggerred for One Star Staffing Rating.</p> <p>Review of the Quarterly PBJ dated July 1 - September 30, 2024, revealed the facility Triggerred for One Star Staffing Rating and Excessively Low Weekend Staffing.</p> <p>Review of the Quarterly Payroll Based Journal (PBJ) dated October 1 - December 31, 2024, revealed, Triggerred for One Star Staffing Rating.</p> <p>During an interview on 3/5/2025 at 10:00 AM, the Staffing Coordinator was asked whether she had been aware of reasons why there was excessively low weekend staffing, and she stated they have had a lot of turn over due to the negative work environment. The facility continues to have 1 Certified Nurse Assistant (CNA) opening and 2 Licensed Practical Nurse (LPN) positions.</p> <p>During an interview on 3/6/2025 at 9:20 AM, the DON stated she had not been made aware of past low weekend staffing concerns and PBJ One Star Staffing Rating.</p> <p>During an interview on 3/6/2025 at 9:28 AM, the Administrator confirmed the facility triggered One Star Staffing Rating for 4 Quarters in 2024 and had Excessively Low weekend staffing for 3 Quarters in 2024 and what plans they have to change the shortages. When asked who enters the time into the system for PBJ, the Administrator stated, the Human Resource Manager does.</p> <p>During an interview on 3/5/2025 at 10:00 AM, the Human Resource Manager was asked whether she entered the time in for PBJ and she stated yes. When asked whether she was aware the facility triggered for Excessively Low Weekend Staffing and One Star Staffing Rating she stated she was aware. When asked what caused these findings, the HR Manager stated I don't know. I guess it is because of callouts.</p>		

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<p>F 0880</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Some</p>	<p>Provide and implement an infection prevention and control program.</p> <p>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 47127</p> <p>Based on policy review, Center for Disease Control (CDC) Guidelines, Enhanced Barrier Precaution (EBP) Signage, medical record review, observation, and interview, the facility failed to ensure proper infection control practices were maintained when 3 of 6 (Certified Nursing Assistants (CNA) D, L, and O) staff members failed to perform hand hygiene during meal pass and placed dirty trays on the cart with clean trays and when Personal Protective Equipment (PPE) was not used or contained appropriately. The facility failed to don PPE when performing wound care for 2 (Resident #1 and Resident #8) of 4 residents reviewed.</p> <p>The findings:</p> <p>1. Review of the facility policy titled, Initiating Transmission-Based Precautions (TBA) (Isolation) (Contact, Enhanced, Airborne, Droplet), dated 4/2024, revealed .Transmission Based Precautions will be initiated when there is a reason to believe that a resident has a communicable infectious disease .When Transmission Based Precautions are implemented, the following is recommended .Ensure the appropriate linen barrel/hamper and waste container, with appropriate liner, are placed in or near the resident's room .</p> <p>Review of the facility policy titled, Hand Hygiene, dated 10/2024, revealed .This facility considers hand hygiene the primary means to prevent the spread of infection .Employees must wash their hands .before and after direct resident contact .before and after assisting a resident with meals .after contact with objects . in the immediate vicinity of the resident .after removing gloves .</p> <p>Review of the CDC Guideline revealed .Residents in nursing homes are at increased risk of becoming colonized with or developing infections caused by multidrug resistant organisms (MDROs). Studies show that more than 50% of nursing home residents may be colonized with an MDRO, and when MDROs result in infection, limited treatment options may be available.</p> <p>EBP [Enhanced Barrier Precautions] require staff to wear a gown and gloves while performing high-contact care activities with all residents who are at higher risk of acquiring or transmitting an MDRO.</p> <p>This includes:</p> <p>Residents known to be infected or colonized with an MDRO;</p> <p>Residents with an indwelling medical device including central venous catheter, urinary catheter, feeding tube (PEG tube, G-tube), tracheostomy/ventilator regardless of their MDRO status; and,</p> <p>Residents with a chronic wound, regardless of their MDRO status .</p> <p>Review of Enhanced Barrier Precautions (EBP) signage revealed .Providers and Staff must wear gloves and a gown for the following High Contact Resident Care Activities .dressing, bathing, transferring, changing linens, providing hygiene, changing briefs .device care or use .urinary catheter, feeding tube .Wound Care: any skin opening requiring a dressing .</p> <p>(continued on next page)</p>		

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<p>F 0880</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Some</p>	<p>2. Observations during dining on the [NAME] Hall on 3/3/2025 at 12:52 PM, revealed CNA L applied gloves without performing hand hygiene then exited the room without removing the gloves.</p> <p>Observations during dining on the [NAME] Hall on 3/3/2025 at 1:08 PM, revealed CNA O placed the tray on the resident's bed, removed dirty items from table and threw in garbage, removed the dirty tray from the bed and placed it back on the clean cart, and did not perform hand hygiene.</p> <p>Observations during dining on the [NAME] Hall on 3/3/2025 at 1:12 PM, revealed CNA O adjusted resident's bed, and assisted resident with meal without performing hand hygiene.</p> <p>During an interview on 3/5/2025 at 10:02 AM, the Director of Nursing (DON) was asked if hand hygiene should be performed before putting on gloves. The DON replied, Yes. The DON confirmed that dirty trays should not be placed on the cart with clean trays.</p> <p>3. Review of medical record revealed Resident #38 was admitted to the facility on [DATE], with diagnoses including Diabetes, Heart Failure, and Hypertension.</p> <p>Review of the annual Minimum Data Set (MDS) assessment dated [DATE], revealed a Brief Interview for Mental Status (BIMS) score of 9, which indicated Resident #38 was moderately cognitively impaired.</p> <p>Review of the Physician Orders dated 3/2/2025, revealed .Contact isolation every shift for infection control .</p> <p>Review of the Progress Notes dated 3/2/2025 at 23:07 revealed .Resident was then tested for Covid and test results came back positive. Covid isolation precautions started .</p> <p>Observations in Resident's room on 3/3/2025 at 10:44 AM and 3:56 PM, and on 3/4/2025 at 7:57 AM, revealed droplet precaution sign on door, red biohazard bag laying in floor with used personal protective equipment [ppe] inside it.</p> <p>During an interview on 3/5/2025 at 10:02 AM, the Director of Nursing (DON) was asked if the red biohazard bag with dirty PPE in it should be laying in the floor in the resident's room. The DON replied, NO.</p> <p>4. Review of medical records revealed Resident #1 was admitted to facility on 5/1/2008, with diagnoses which include Cerebral Palsy, Dementia and Osteoarthritis.</p> <p>Review of the quarterly MDS assessment dated [DATE], revealed a BIMS score of 00 which indicated Resident #1 was severely cognitively impaired.</p> <p>Review of Order Review History Report dated 2/5/2025 - 3/5/2025, revealed an order for .Treatment Stage 3 right buttock: Cleanse with wound cleanser, pat dry apply Leptospermum honey, cover with bordered gauze daily and PRN. Every shift for wound healing .</p> <p>Review of Care Plan revealed Resident #1 had developed a pressure injury to her right buttock.</p> <p>Observation on 3/6/2025 at 11:00 AM, revealed LPN K performing wound care and was assisted by CNA T. There was no EBP caddy located on the door and LPN K and CNA T did not don PPE during treatment.</p> <p>(continued on next page)</p>		

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<p>F 0880</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Some</p>	<p>5. Review of medical record revealed Resident #8 was admitted to the facility on [DATE], with diagnoses which include Dysphagia, Chronic Obstructive Pulmonary Disease and Type 2 Diabetes Mellitus.</p> <p>Review of the Care Plan dated 12/13/2024 revealed Resident #8 has .history of recurrent Urinary Tract Infections [UTIs] [secondary to ESBL] .had Diabetic Ulcer related to Diabetes .left dorsal foot .left forth toe . right 3rd toe .right 2nd toe .left lateral foot .</p> <p>Review of the quarterly MDS assessment dated [DATE], revealed Resident #8 had a BIMS score of 9 which indicated moderately cognitively impaired.</p> <p>Review of the Order Review History Report dated 2/6/2025 - 3/5/2025, revealed Resident #8 had an order for .Enhanced Barrier Precautions: Positive for ESBL in urine contact precaution .Treatment Skin Tear to bottom left foot at pinky toe at base of foot: Cleanse wound with wound cleaner, pat dry, cover with calcium alginate, gauze and tape. Change daily and prn until healed .</p> <p>Observation on 3/6/2025 at 10:45 AM, revealed LPN K performed wound care and did not don PPE.</p> <p>During random interviews on 3/6/2025 at 11:48 AM through 12:05 PM, CNA U, LPN N and LPN Q were asked what EBP would be used for. Neither staff member was able to provide a correct response to the proper reasons why a resident would be on Enhanced Barrier Precaution.</p> <p>48285</p> <p>49311</p>		

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NAME OF PROVIDER OR SUPPLIER Dickson Health and Rehab		STREET ADDRESS, CITY, STATE, ZIP CODE 901 N Charlotte Dickson, TN 37055	

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 0881</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Some</p>	<p>Implement a program that monitors antibiotic use.</p> <p>44724</p> <p>Based on policy review, review of facility Infection Surveillance monitoring documents, and interview, the facility failed to establish and implement a program to identify, report, investigate and control infections and communicable diseases when staff (Licensed Practical Nurse (LPN) G) failed to track organisms being treated in the facility and monitor for outbreaks and cross contamination. This had the potential to affect 62 of 62 residents in the facility.</p> <p>The findings include:</p> <ol style="list-style-type: none"> Review of the facility policy titled, Infection Prevention and Control Program, revised 1/2024, revealed .The community Infection Prevention and Control Program is designed to provide a safe, sanitary, and comfortable environment and to help prevent the development and transmission of communicable diseases and infections .The program establishes facility-wide systems for the prevention, identification, reporting, investigation and control of infections and communicable diseases of residents, staff, and visitors . Review of the undated map provided with the December 2024 Infection monitoring reports revealed the following infections in the facility in December 2024: 4 Respiratory infections 4 skin infections and 2 Urinary Tract Infections (UTIs). <p>Review of the Infection Surveillance Monthly Report dated December 2024 revealed residents received antibiotics for the following infections: 1 Eye, Ear, Nose Mouth Infection, 1 Gastrointestinal, 15 Other infections, 5 Respiratory, 4 Skin and soft tissue, and 7 UTIs.</p> <p>None of the 7 Residents listed as having a UTI had the organism being treated listed on the report or the map.</p> <ol style="list-style-type: none"> Review of the undated map provided with the January 2025 Infection monitoring reports revealed the following infections in the facility in January 2025: 1 Ear Nose and Throat infection, 5 skin infections, 15 UTI's, 10 Respiratory infections, and 3 Eye Infections. <p>Review of the Infection Surveillance Monthly Report dated January 2025, revealed residents received antibiotics for the following infections: 1 Ear, Nose, Mouth and Throat infection, 1 Eye infection, 1 Gastrointestinal, 1 Multi Drug Resistant Organism (MDRO), 17 Other types of infection, 10 Respiratory infection, 5 skin and soft tissue infections, and 11 UTI's.</p> <p>None of the 11 residents being treated for UTIs had the organisms being treated listed on the report or the map.</p> <ol style="list-style-type: none"> Review of an undated map provided with the February 2025 Infection monitoring reports revealed the following infections were present in the facility in February 2025: 1 skin infection, 7 Respiratory infections, 11 Urinary Tract Infections, and 1 eye infection in the facility. <p>(continued on next page)</p>

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 445477	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 03/06/2025
NAME OF PROVIDER OR SUPPLIER Dickson Health and Rehab		STREET ADDRESS, CITY, STATE, ZIP CODE 901 N Charlotte Dickson, TN 37055	

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<p>F 0881</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Some</p>	<p>Review of the Infection Surveillance monthly Report dated February 2025 revealed residents listed on the report received antibiotics for the following infections: 1 eye infection, 1 MDRO, 1 Other type of infection, 5 Respiratory infections, 1 skin and soft tissue infection and 2 UTIs.</p> <p>None of the residents listed on the report had orders for antibiotic orders written in February.</p> <p>The 3 residents being treated for UTIs did not have the organisms being treated listed on the report or the map.</p> <p>5. During an interview on 3/5/2025 at 3:04 PM, LPN G was asked if Urinary Tract Infections are monitored by which organism were on what hall or in what area of the facility. LPN G stated, We don't do that. LPN G was asked how you monitor for cross contamination or outbreaks. LPN G stated, I don't . LPN G was asked, do you know what types of bacteria you would isolate for. LPN G stated, Not off top of my head, I would look where I'm doing my training, I'm not certified yet .</p> <p>During an interview on 3/6/2025 at 10:00 AM, LPN G confirmed that the information on the map for February did not match the information in the monthly surveillance form. LPN G confirmed the information is not pulling from the electronic medical record system to the report correctly and that this was not identified until yesterday (3/5/2025).</p> <p>During an interview on 3/6/2025 at 10:14 AM, the Administrator was asked do you expect infections to be tracked to monitor for trends and cross contamination. The Administrator replied, Yes ma'am.</p>

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<p>F 0882</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Some</p>	<p>Designate a qualified infection preventionist to be responsible for the infection prevent and control program in the nursing home.</p> <p>50780</p> <p>Based on review of the Centers for Medicare & Medicaid Services guidelines and interviews the facility failed to provide a qualified Infection Control Preventionist who was responsible to monitor and maintain the facility's Infection Prevention and Control Program. This could have affected 62 out of 62 residents currently residing in the facility.</p> <p>The findings include:</p> <p>1. Review of the Centers for Medicare & Medicaid Services factsheet titled, Updated Guidance for Nursing Home Resident Health and Safety, dated June 29, 2022, revealed . Requires facilities have a part-time Infection Preventionist (IP) .While the requirement is to have at least a part-time IP, the IP must meet the needs of the facility . The IP must physically work onsite and cannot be an off-site consultant or work at a separate location . IP role is critical to mitigating infectious diseases through an effective infection prevention and control program .IP specialized Training is required and available .</p> <p>2. During an interview on 3/5/2025 at 3:04 PM LPN G was asked, do you know the types of bacteria you would isolate for. LPN G stated, .I would look where I'm doing my training, I'm not certified yet .</p> <p>During an interview on 3/5/2025 at 4:23 PM LPN G was shown the Training Plan Proof of Completion and confirmed that she had completed the training but has not passed the Certification Test.</p> <p>During an interview on 3/6/2025 at 10:14 AM the Administrator was asked how long the facility has been without a certified Infection Preventionist. The Administrator stated, .2/6/2025.</p>