STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	445485	A. Building B. Wing	10/02/2025

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Delta Blues Health & Rehabilitation	3933 Allenbrooke Cove Memphis, TN 38118

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(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (Each deficiency must be preceded by full regulatory or LSC identifying information)
F 0880 Level of Harm - Immediate jeopardy to resident health or safety Residents Affected - Few	Provide and implement an infection prevention and control program. **NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** Based on Centers for Disease Control and Prevention (CDC) guidelines, (Named Glucometer-a device/meter used to check blood sugar levels with the use of a blood sample) User Instruction Manual review, facility policy and protocol review, medical record review, observation, and interview, the facility failed to ensure practices to prevent the potential spread of infection were maintained when multi-use glucometers were not cleaned and disinfected with an Environmental Protection Agency (EPA) approved disinfecting wipe to prevent the cross-contamination of bloodborne pathogens, failed to ensure staff allowed the proper drying time for multi-use blood glucose meters (glucometers), failed to perform hand hygiene after glove removal during medication administration, and failed to clean reusable equipment for 8 of 14 (Resident #7, #10, #11, #75, #94, #131, #142, and #146) sampled residents reviewed for medication administration. On 9/30/2025, Registered Nurse (RN) A and RN B failed to clean and disinfect the multi-use blood glucose meter before and after use on each resident in accordance with current infection control recommendations, User's Guide recommendations and the facility policy for Resident #10, #94, and #131. Licensed Practical Nurse (LPN) F and LPN G failed to properly clean and disinfect a multi-use glucometer and allow proper drying time for Residents #7, #11, #75, and #142. The facility census included 4 of 158 (Resident #2, #73, #100, and #174) residents with a diagnosis of Diabetes and Hepatitis C (a transmittable viral infection that causes inflammation to the liver). LPN F failed to perform hand hygiene after the removal of gloves for Resident #75 and LPN E failed to clean reusable equipment for Resident #146 during medication administration. The facility's failure to ensure staff properly disinfected the glucometer that was used for multiple residents resulted in Immediate Jeopardy for Resident #10, #94, and #131. Immediate Jeopardy (IJ) (a situation in which the provider's noncompliance with one or more requirements of participation has caused, or is likely to cause, serious injury, harm, impairment, or death to a resident) was identified related to the facility's failure to appropriately clean and disinfect a multi-use glucometer during medication administration for Residents #10, #94 and #131. The Administrator and Director of Nursing (DON) were informed of the Immediate Jeopardy on 9/30/2025 at 6:13 PM, in the Conference room. The facility was cited Immediate Jeopardy at F-880 at a scope and severity of J. An extended survey was conducted and completed on 10/2/2025. An acceptable removal plan, which removed the immediacy of the Jeopardy, was received 10/1/2025 and validated on 10/2/2025 through policy review, review of staff in-services, audits, and staff interviews. The Immediate Jeopardy for F-880 began on 9/30/2025 and continued through 10/1/2025. The Immediate jeopardy was removed on 10/2/2025. The facility's non-compliance at F-880 continues at a scope and severity of D for monitoring the effectiveness of the corrective actions. The facility is required to submit a Plan of Correction.^ The findings include: 1. Review of the CDC recommendation titled, Considerations for Blood Glucose Monitoring and Insulin Administration, dated 8/7/2024, revealed .Clean and disinfect blood glucose meters after every use, per the manufacturer's instructions .These recommendations apply in .Long-term care settings .Blood glucose meters can easily become contaminated during use. When used in healthcare or other group settings, germs and infections can spread if preventive measures are not in place .If healthcare providers use blood glucose testing or insulin administration (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

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F 0880 Level of Harm - Immediate jeopardy to resident health or safety Residents Affected - Few	facility on [DATE], with diagnoses including Diabetes, Hypertension, and Schizophrenia. Review of the Physician's Order dated 11/21/2024, revealed .Aspart Insulin [medication used to treat Diabetes] .per sliding scale subcutaneously before and after meals and at bedtime . Review of the quarterly MDS assessment dated [DATE], revealed a BIMS score of 13, which indicated Resident #94 was cognitively intact with a diagnosis of Diabetes. Observation on the 300 Front East Hall on 9/30/2025 at 4:25 PM, revealed RN B gathered the blood glucose monitoring supplies, picked up the glucometer that was previously cleaned with an alcohol prep pad, entered Resident #94's room, obtained a pair of gloves, and placed the supplies on the over bed table. The Surveyor asked RN B to step outside and to bring the blood glucose supplies. RN B was asked what the facility policy is for cleaning the glucometer. RN B stated, I am not sure, I have always cleaned it with an alcohol wipe since I've been here in July [2025]. 6. Review of the medical record revealed Resident #131 was admitted to the facility on [DATE], with diagnoses including Diabetes, Alzheimer's Disease, Pulmonary Embolism, and Heart Failure. Review of the Physician's Order dated 11/20/2024, and recertified by the Physician on 8/19/2025, revealed BLOOD GLUCOSE CHECK BEFORE MEALS AND AT BEDTIME . Review of the quarterly MDS assessment dated [DATE], revealed a BIMS score of 6, which indicated Resident #131 was severely cognitively impaired. During an observation and interview on the 100 Back [NAME] Hall on 9/30/2025 at 11:17 AM, revealed RN A obtained glucometer supplies from the 100 Back [NAME] Medication Cart and entered Resident #131's room, cleaned the glucometer with an alcohol prep pad and performed Resident #131's blood glucose check. RN A exited the Resident's room and returned to the 100 Back [NAME] Medication Cart. RN A cleaned the glucometer with an alcohol prep pad and placed the glucometer on top of the 100 Back [NAME] Medication Cart. RN A was asked if she had completed all tasks related to the blood glucose check. RN A stated, Yes. RN A placed the glucometer in the top drawer of the medication cart. 7. Review of the medical record revealed Resident #7 was admitted to the facility on [DATE], with diagnoses including Diabetes, Anxiety, and Congestive Heart Failure. Review of the Physician's Order dated 6/22/2025, revealed Insulin Aspart .Inject as per sliding scale .subcutaneously before meals related to .DIABETES . Review of the significant change MDS assessment dated [DATE], revealed a BIMS score of 14, which indicated Resident #7 was cognitively intact. Observation on the 300 Back East Hall on 9/30/2025 at 4:15 PM, revealed LPN G gathered the glucometer and placed it on top of the medication cart without cleaning the cart. LPN G placed a blood glucose test strip into the glucometer and entered Resident #7's room. LPN G placed the glucometer on the over the bed table without cleaning the table and without a barrier. LPN G performed the blood glucose test. LPN G removed her gloves and went out to the medication cart. LPN G retrieved a purple top germicidal wipe and swiped the glucometer once and placed the glucometer on the top of the medication Cart. LPN G failed to wipe the entire surface of the glucometer horizontally and vertically. and failed or let air dry for 2 minutes according to the facility's policy for cleaning and disinfecting the glucometer and failed to perform hand hygiene during the blood glucose testing for Resident #7. 8. Review of the medical record revealed Resident #11 was admitted to the facility on [DATE], with diagnoses including Diabetes, Schizophrenia, and Dissociative Identity Disorder (characteristic of two or more distinct personalities, formerly known as multiple personality disorder). Review of the Physician's Order dated 9/3/2024, and recertified by the Physician on 9/14/2025, revealed an order to check the blood glucose two times a day before breakfast and supper. Sliding scale insulin was not ordered and the staff were instructed to notify the Nurse Practitioner if the blood glucose was less than 60 or greater than 200. Review of the quarterly MDS assessment dated [DATE], revealed a BIMS score of 14, which indicated Resident #11 was cognitively intact. Observation on the 300 Back East Hall on 9/30/2025 at 4:06 PM, revealed LPN G gathered the supplies and placed the items on top of the medication cart without cleaning the cart. LPN G donned gloves, retrieved a purple top germicidal wipe, and cleaned down the front of the glucometer with one swipe. LPN G immediately placed the strip into the glucometer and entered Resident #11's room to perform the blood glucose check without allowing dry time. After the blood (continued on next page)

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F 0880 Level of Harm - Immediate jeopardy to resident health or safety Residents Affected - Few	glucose check, LPN G removed gloves and went to the medication cart, then placed the glucometer on top of the medication cart without a barrier. LPN G, with one swipe, wiped the glucometer with a purple top germicidal wipe and placed the glucometer on the narcotic book. LPN G failed to wipe the entire surface of the glucometer horizontally and vertically and failed to wait for 2 minutes dry time according to the facility's policy for cleaning and disinfecting the glucometer. 9. Review of the medical record revealed Resident #75 was admitted to the facility on [DATE], with diagnoses including Diabetes, Prostate Cancer, and Osteomyelitis. Review of the significant change MDS assessment dated [DATE], revealed a BIMS score of 12, which indicated Resident #75 was moderately cognitively impaired. Resident #75 had a diagnosis of Diabetes and received insulin. Review of the Physician's Order dated 8/13/2025, revealed Lispro insulin injections per sliding scale before meals. Observation on the 300 Back East Hall on 9/30/2025 at 11:31 AM, revealed LPN F gathered blood glucose monitoring supplies, removed gloves without performing hand hygiene, entered Resident #75's room, donned gloves, obtained a blood specimen from the right finger, removed gloves, and exited room. LPN F failed to perform hand hygiene before she donned and after she removed her gloves. During an interview on 9/30/2025 at 11:46 AM, LPN F was asked if she should perform hand hygiene before she donned and after the she removed her gloves. LPN F stated, Yes, I should have. Observation on the 300 Back East Hall on 9/30/2025 at 4:27 PM, revealed LPN G gathered the glucometer and supplies from the top of the medication cart and entered Resident #75's room. LPN G placed the glucometer on Resident #75's chest, replaced the Resident's binasal cannula oxygen tubing into the Resident's nasal passage, and performed the blood glucose check. LPN G exited Resident #75's room and placed the glucometer on the top of the medication cart. LPN G cleaned the glucometer with a purple top germicidal wipe with one swipe and placed the glucometer back on top of the medication cart. LPN G removed her gloves and placed the glucometer back into the drawer of the medication cart. LPN G failed to perform hand hygiene and failed to wipe the entire surface of the glucometer horizontally and vertically with the disinfectant wipe or wait for 2 minutes dry time according to the facility's policy for cleaning and disinfecting the glucometer during medication administration for Resident #75. 8. Review of the medical record revealed Resident #142 was admitted to the facility on [DATE], with diagnoses including Diabetes, Sepsis, Metabolic Encephalopathy, and Insomnia. Review of the Physician's Order dated 6/17/2025, revealed an order to monitor the blood glucose one time a day and call the physician if the blood glucose was less than 60 or greater than 400. Review of the quarterly MDS assessment dated [DATE], revealed a BIMS score of 15, which indicated Resident #142 was cognitively intact. Observation on the 300 Back East Hall on 9/30/2025 at 4:20 PM, revealed LPN G gathered the glucometer and 3 lancets, and laid them on top of the medication cart without cleaning the medication cart. LPN G donned gloves, retrieved a purple top germicidal wipe and cleaned the glucometer with one swipe. LPN G placed the glucometer back on top of the medication cart. LPN G failed to perform hand hygiene, failed to failed to wipe the entire surface of the glucometer horizontally and vertically, with the disinfectant wipe during the blood glucose test for Resident #142. 11. Review of the facility's Diagnosis Report dated 1/1/2025 through 9/30/2025, revealed Resident #2, #73, #100, and #174 were diagnosed with Hepatitis C and Diabetes. 12. Review of the medical record revealed Resident #2 was admitted to the facility on [DATE], with diagnoses including Diabetes, Viral Hepatitis C, and Insulin Use. Review of the Physician's Order dated 7/30/2025, revealed Blood Glucose Monitoring one time a day. Review of the quarterly MDS assessment dated [DATE], revealed a BIMS score of 12, which indicated Resident #2 was moderately cognitively impaired. Resident #2 had a diagnosis of Diabetes. 13. Review of the medical record revealed Resident #73 was admitted to the facility on [DATE], with diagnoses including Viral Hepatitis C, Dementia, and Diabetes. Review of the annual MDS assessment dated [DATE], revealed a BIMS score of 11, which indicated Resident #73 was moderately cognitively impaired. Resident #73 had a diagnosis of Viral Hepatitis C. 14. Review of the medical record revealed Resident #100 was admitted to the facility on [DATE], with diagnoses including Hepatitis C, Diabetes, and (continued on next page)

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F 0880 Level of Harm - Immediate jeopardy to resident health or safety Residents Affected - Few	Encephalopathy. Review of the quarterly MDS assessment dated [DATE], revealed a BIMS score of 11, which indicated Resident #100 was moderately cognitively impaired. Resident #100 had a diagnosis of Diabetes and Hepatitis C. Review of the Physician's Order dated 8/19/2025, revealed Monitor blood glucose levels daily . 15. Review of the medical record revealed Resident #174 was admitted to the facility on [DATE], with diagnoses including Diabetes, Hepatitis C, and Sepsis. Review of the quarterly MDS assessment dated [DATE], revealed a BIMS score of 12, which indicated Resident #174 was moderately cognitively impaired. Resident #174 had a diagnosis of Diabetes. Review of the Physician's Order dated 9/19/2025, revealed Hyperglycemia protocol [elevated blood glucose parameters to notify provider] .Notify NP [Nurse Practitioner] if BS [Blood Sugar] Greater than 300. 16. Review of the medical record revealed Resident #146 was admitted to the facility on [DATE], with diagnoses including Hypertension, Depression, and Epilepsy (a seizure disorder). Review of the Physician's Order dated 3/24/2024, revealed an order to check the blood pressure twice daily. Observation on the 200 Back Central Hall on 10/1/2025 at 7:59 AM, revealed LPN E entered Resident #146's room and checked the Resident blood pressure check with a wrist cuff. LPN E exited the resident's room and placed the wrist cuff on top of the medication cart. LPN E was asked if she had completed all tasks. LPN E stated, Yes. LPN E was asked if the wrist cuff should be cleaned after use. LPN E stated, Yes. LPN cleaned the wrist cuff with a germicidal wipe and placed the cuff on top of the medication cart without a barrier. 17. During an interview on 10/2/2025 at 1:43 PM, the DON was asked if reusable equipment including glucometers should be cleaned and disinfected after resident use. The DON stated, Yes, the equipment should be cleaned with a sani wipe after use. The DON was asked if staff should perform hand hygiene before donning and after removal of gloves. The DON stated, Yes, they should. The DON was asked if staff should use a barrier during medication administration to prevent cross contamination. The DON stated, Yes. The DON was asked how long should staff allow for drying times. The DON stated, Kill time [a period of time allowed to effectively kill germs] should be allowed to dry for 2 minutes. An acceptable removal plan, which removed the immediacy of the Jeopardy, was received 10/1/2023 and validated on 10/2/2025, through policy review, review of staff in-services, audits, and staff interviews. IJ Removal Plan F880 #2 Action Plan: 1. All multi-use blood glucose meters were immediately removed from use and properly disinfection by RN MDS Nurse as defined in Attachment #1 (how to clean and disinfect your glucose meter). This was completed by 9pm on 9/30/25. 2. All residents with recent accuchecks were assessed for signs/symptoms of infection, to include no abnormal vital signs and no nausea/vomiting. No adverse outcomes identified. Completed by DNS, ADNS and Unit Managers on 9/30/25 8pm. 3. The two staff members observed (RN A, RN B) were immediately removed from medication pass duties pending retraining. Retraining and return demonstration completed on 9/30/25 at 8:30pm. 4. An emergency in-service was conducted with all licensed nursing staff on CDC/CMS guidelines for glucometer disinfection, specifically requiring use of EPA-approved disinfectants effective against HIV, Hepatitis B, Hepatitis C and other pathogens. Started on 9/30/25 at 7:30pm. All licensed nursed will not be allowed to return to work until they have completed this in-service. 5. The Infection Preventionist, Director of Nursing, Assistant Director of Nursing and Unit Managers, initiated 100% monitoring of all blood glucose testing to verify compliance with cleaning protocol. All licensed nurses will complete glucose cleaning competency prior to being allowed to work Facility policy on Cleaning & Disinfection of Blood Glucose Meters was reviewed and updated to specify approved disinfectant products, required contact times, and competency validation. 6. All glucometers were labeled and logged to ensure tracking of disinfection between uses. 7. Staff competencies for glucose meter disinfection are being re-validated by the DON/Infection Preventionist by 10/01/2025. All newly hired licensed staff will have competency of glucose monitor cleaning and disinfecting completed upon on hire or rehire during the orientation process starting 10/1/2025. 8. Central supply ordered adequate quantities of EPA-approved disinfectant wipes to ensure ongoing compliance. All 6 medication carts have (1) container of the approved disinfectant wipes on each cart. Facility currently (continued on next page)

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