

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 445491	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 11/20/2025
NAME OF PROVIDER OR SUPPLIER The McKendree Post Acute & Rehabilitation		STREET ADDRESS, CITY, STATE, ZIP CODE 4347 Lebanon Road Hermitage, TN 37076	

For information on the nursing home's plan to correct this deficiency, please contact the nursing home or the state survey agency.

(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (Each deficiency must be preceded by full regulatory or LSC identifying information)
F 0755 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Provide pharmaceutical services to meet the needs of each resident and employ or obtain the services of a licensed pharmacist. (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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<p>F 0755</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** Based on facility policy review, medical record review, Delivery Manifest Report Details, and interview, the facility failed to provide admission medication according to physician's orders and per facility policy for 1 of 3 (Residents #2) sampled residents reviewed. The findings include: 1. Review of the facility policy titled, .Automated Dispensing Machine for First Dose and Emergency Medications, dated 1/2025, revealed, . The facility may use automated dispensing machines.for first dose and emergency medications.authorized personnel who have received training, have access to medications.the director of nursing or designee authorizes staff and administers user names and passwords for access to the dispensing machine.Upon receipt of a new medication order, facility staff should obtain the total number of doses necessary to cover the period of time from the administration of the first dose until it is expected to become available from the pharmacy. Review of the medical record revealed Resident #2 was admitted to the facility on [DATE], with diagnoses including Zoster Meningitis, Heart Failure, Chronic Pulmonary Disease, Cerebral Infarction, Chronic Pulmonary Edema, and Acute Kidney Failure. Review of the Entry Minimum Data Set (MDS) revealed Resident #2 entered facility on 3/13/2025. Review of the Care Plan dated 3/14/2025, revealed Resident #2 had been admitted to the facility for rehabilitation and requires assistance with her activities of daily living. Review of the Physician's Order dated 3/14/2025, revealed Resident #2 was to receive the following medications: a. Folic Acid Oral Tablet (vitamin) b. Levothyroxine Sodium Oral Tablet (synthetic hormone for hypothyroidism) c. Montelukast Sodium Oral Tablet (for asthma) d. Sensipar Oral Tablet (for over-active parathyroid gland) e. Apixaban Oral Tablet (blood thinner) f. lpratropium Bromide Nasal Solution (used for allergies) g. Lamictal Tablet (used for seizures) h. Metoprolol Tartrate Oral Tablet (used for high blood pressure) i. Pantoprazole Sodium Oral Tablet (reduces stomach acid) j. Valacyclovir HCl Oral Tablet (an antiviral) k. Polysaccharide Iron Complex Oral Tablet (vitamin) l. Xopenex Inhalation Nebulization (used for asthma) m. Ceftriaxone Sodium (antibiotic) Review of the Medication Administration Record (MAR) dated March 2025, revealed Resident #2 did not receive her scheduled morning medication for 3/14/2025. Review of the medication Delivery Manifest Report Details, dated 3/14/2025, revealed Resident #2's medications were delivered to the facility on 3/14/2025. During an interview on 10/9/2025 at 12:52 PM, Registered Nurse (RN) #1 was asked, should you have gotten Resident #2's medication out of the (Name Brand) medication dispensing machine if the pharmacy had not sent them yet. RN #1 stated, .We wait on patients meds [medications] till they come here from pharmacy, this is what I was told to do.the only time you use the machine is for emergent medications. During an interview on 10/9/2025 at 2:52 PM, the Assistant Director of Nursing (ADON) was asked if he could show me if Resident #2 received her morning medications on 3/14/2025. The ADON stated, I cannot. The ADON was asked if that was acceptable. The ADON stated, .If that is the case it is never acceptable. During an interview on 10/9/2025 at 5:32 PM, the Pharmacist [of Named pharmacy] was asked what time Residents #2's medications were delivered to the facility. The Pharmacist stated, 3/14/2025 at 3:38 PM. During an interview on 10/9/2025 at 6:33 PM the Director of Nurses (DON) was asked, should the nurse on duty that day have pulled Resident #2's medication out of the machine to dispense her morning medications. The DON stated, Yes.</p>		