

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 445492	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 06/05/2025
NAME OF PROVIDER OR SUPPLIER Ripley Healthcare and Rehab Center		STREET ADDRESS, CITY, STATE, ZIP CODE 118 Halliburton Drive Ripley, TN 38063	
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 0686</p> <p>Level of Harm - Immediate jeopardy to resident health or safety</p> <p>Residents Affected - Few</p>	<p>Provide appropriate pressure ulcer care and prevent new ulcers from developing.</p> <p>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** Based on the National Pressure Injury Advisory Panel (NPIAP) pressure injury staging review, policy review, medical record review, hospital record review, and interview, the facility failed to notify the provider of an acquired pressure ulcer, failed to correctly identify the pressure ulcer location, failed to properly stage the pressure ulcer, failed to schedule wound care appointments for 12 working days, failed to notify the provider of missed wound care appointments, and failed to notify the provider of the wound deterioration for 1 of 3 (Resident #99) sampled residents reviewed. The facility's failure resulted in Immediate Jeopardy (IJ) when Resident #99, a vulnerable resident who was at risk of developing pressure ulcers, was dependent on staff for preventative interventions, and required assistance from staff for repositioning and turning, developed an open pressure ulcer to the right heel that continued to deteriorate without receiving wound care clinic appointments as ordered by the provider and when the facility failed to notify the provider of the missed appointments. Resident #99 was transferred to the hospital on 5/20/2025 and underwent a right knee below amputation on 5/28/2025.</p> <p>Immediate Jeopardy is 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, or impairment, or death of a resident.</p> <p>The Administrator and the Director of Nursing were notified of the Immediate Jeopardy (IJ) for F-686 on 6/4/2025 at 3:05 PM, in the Conference Room.</p> <p>The facility was cited Immediate Jeopardy at F-686 at a scope and severity of J which is Substandard Quality of Care.</p> <p>An acceptable removal plan, which removed the immediacy of the Jeopardy, was received and validated on 6/5/2025, through policy review, review of staff education records, and interviews.</p> <p>The IJ began on 4/16/2025 through 6/4/2025. The IJ was removed on 6/5/2025.</p> <p>Noncompliance remains for F686 at a scope and severity of D.</p> <p>The facility is required to submit a Plan of Correction.</p> <p>The findings include:</p> <p>(continued on next page)</p>		

Any deficiency statement ending with an asterisk (*) denotes a deficiency which the institution may be excused from correcting providing it is determined that other safeguards provide sufficient protection to the patients. (See instructions.) Except for nursing homes, the findings stated above are disclosable 90 days following the date of survey whether or not a plan of correction is provided. For nursing homes, the above findings and plans of correction are disclosable 14 days following the date these documents are made available to the facility. If deficiencies are cited, an approved plan of correction is requisite to continued program participation.

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE	TITLE	(X6) DATE
---	-------	-----------

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 445492	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 06/05/2025
NAME OF PROVIDER OR SUPPLIER Ripley Healthcare and Rehab Center		STREET ADDRESS, CITY, STATE, ZIP CODE 118 Halliburton Drive Ripley, TN 38063	
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 0686</p> <p>Level of Harm - Immediate jeopardy to resident health or safety</p> <p>Residents Affected - Few</p>	<p>1. Review of the undated NPIAP Pressure Injury Stages document revealed, .Pressure Injury: A pressure injury is localized damage to the skin and underlying soft tissue usually over a bony prominence or related to a medical or other device. The injury can present as intact skin or an open ulcer and may be painful. The injury occurs as a result of intense and/or prolonged pressure or pressure in combination with shear. The tolerance of soft tissue for pressure and shear may also be affected by microclimate, nutrition, perfusion, co-morbidities and condition of the soft tissue .Deep Tissue Pressure Injury .Intact or non-intact skin with localized area of persistent non-blanchable deep red, maroon, purple discoloration or epidermal separation revealing a dark wound bed or blood filled blister. Pain and temperature change often precede skin color changes .This injury results from intense and/or prolonged pressure and shear forces at the bone-muscle interface. The wound may evolve rapidly to reveal the actual extent of tissue injury, or may resolve without tissue loss. If necrotic tissue, subcutaneous tissue, granulation tissue, fascia, muscle or other underlying structures are visible, this indicates a full thickness pressure injury (Unstageable, Stage 3 or Stage 4) .</p> <p>2. Review of the facility policy titled, Pressure Ulcer/Skin Breakdown dated 3/20/2024, revealed .Based on the comprehensive assessment of a resident, a resident receives care, consistent with professional standards of practice, to prevent pressure and does not develop pressure ulcers [(PU) areas of skin and tissue damage caused by prolonged pressure, usually on the bony prominences like the tailbone or heels] unless the individual's clinical condition demonstrates that they were unavoidable; and a resident with pressure ulcers receives the necessary treatment and services consistent with professional standards of practice to promote healing prevent infection and prevent new ulcers from developing .A resident with current PU/PIs [Pressure Injury] is evaluated/assessed by the licensed nurse at each treatment and as needed . Notify Physician and Resident Representative of all new and/or non-healing/worsening PU/PIs .The physician will help the staff define the type .and characteristics .of an ulceration .The physician will help clarify relevant medical issues; for example .whether the wound has necrotic [dead] tissue, the impact of comorbid [presence of 2 or more distinct health conditions or disorders occurring simultaneously] conditions on wound healing .as needed .The physician will help identify medical interventions related to wound management .During visits, the physician will evaluate and document the progress of wound healing, especially for those complicated, extensive, or non-healing wounds</p> <p>(continued on next page)</p>		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 445492	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 06/05/2025
NAME OF PROVIDER OR SUPPLIER Ripley Healthcare and Rehab Center		STREET ADDRESS, CITY, STATE, ZIP CODE 118 Halliburton Drive Ripley, TN 38063	
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 0686</p> <p>Level of Harm - Immediate jeopardy to resident health or safety</p> <p>Residents Affected - Few</p>	<p>Review of the undated facility policy titled, Competency-Based Orientation, revealed Nursing orientation is defined as a transition period when new staff members are assisted by various peer groups to accomplish certified objectives congruent with policies and procedures. This competency-based orientation is designed to enable the adult learner to base nursing practice on the philosophy of nursing and its standards of care. The nursing process is used to provide care to residents in a dynamic resident/family environment while allowing development as a professional nursing employee .A competency measurement is made to determine that someone has sufficient knowledge skill or experience to form a task or procedure. To provide a measurement of nursing competency in performing clinical procedures. To assure ongoing education to improve and maintain competency skills .Nursing competency .varies according to the situation in which measurement is to be used. Should be done when rolling out a new procedure or process. Specific required skills should be done during orientation and repeated on an annual basis to maintain proficiency .As part of an ongoing training program based on facility needs .Registered Nurses .RN role .Conduct ongoing assessment designed to gather data relevant to the patient's needs .Identify resident care needs .Develop resident care plans .Implement the plan of care .Evaluate the outcomes of the nursing care. Organize and prioritize nursing care .Licensed Practical Nurses .LPN role .Gather data relevant to the residents [resident's] individual needs .Assist in the development of the residents care plan .Implement the care plan .Report pertinent observations regarding selected residents .Organize and prioritize nursing care for a group of residents .Communicate resident information</p> <p>3. Review of the medical record revealed Resident #99 was admitted to the facility on [DATE], with diagnoses including Immobility Syndrome, Obesity, Neuromuscular Dysfunction of Bladder, Type 1 Diabetes, Gross Hematuria, Angioimmunoblastic T-Cell Lymphoma Not Having Remission, and Pressure Ulcer of Unspecified Site.</p> <p>Review of the care plan for Resident #99 initiated 2/18/2025, revealed .Resident has impaired skin integrity . Notify Physician/NP [Nurse Practitioner]/PA [Physician Assistant] of noted worsening skin condition or any new areas of skin impairment .Notify Physician/NP/PA of signs symptoms of infection (new or change in type/amount/color of drainage, bleeding, foul odor .</p> <p>Review of the admission Minimum Data Set (MDS) dated [DATE], revealed a Brief Interview for Mental Status (BIMS) score of 15, which indicated Resident #99 had intact cognition, and was dependent upon staff for toileting and transfers. The resident required substantial to maximal assistance from staff for repositioning and had moisture associated skin damage.</p> <p>Review of the Skin assessment dated [DATE], revealed Resident #99 had peeling (shedding of the outer layer of skin) to the left and right heels.</p> <p>There was no documentation the provider was notified of the peeling to Resident #99's left and right heels.</p> <p>Review of the physician's order dated 3/27/2025, revealed .Venelex External Ointment (Balsam Peru Castor Oil) [an ointment used to deodorize and cover pressure wounds] .Apply to both heels topically every day and night shift .</p> <p>Review of the physician's orders revealed there was no order to address Resident #99's peeling heels until 3/27/2025.</p> <p>(continued on next page)</p>		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 445492	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 06/05/2025
NAME OF PROVIDER OR SUPPLIER Ripley Healthcare and Rehab Center		STREET ADDRESS, CITY, STATE, ZIP CODE 118 Halliburton Drive Ripley, TN 38063	
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 0686</p> <p>Level of Harm - Immediate jeopardy to resident health or safety</p> <p>Residents Affected - Few</p>	<p>Review of a Progress Note dated 3/31/2025, revealed .Resident [#99] observed with open area to right heel .</p> <p>Review of the Skin and Wound Evaluation . sheet for Resident #99 dated 3/31/2025, revealed a deep tissue injury with deep red maroon or purple discoloration and blanchable (the process of a skin area turning pale or white) located at the right Achilles (a strong, thick tendon located at the back of the leg, connecting the calf muscles to the heel bone) that measured 6.7 centimeters (cm) long, 6 cm wide and 0.2 cm deep. The wound bed revealed 20 percent (%) slough (the yellow or white, soft, dead tissue that needs to be removed from a wound for healing to occur.</p> <p>The facility failed to identify the right heel as the location of the pressure ulcer and failed to properly stage the pressure ulcer on 3/31/2025.</p> <p>Review of the Skin and Wound Evaluation . sheet dated 4/2/2025, revealed a deep tissue injury with deep red maroon or purple discoloration and blanchable, located at the right Achilles, that measured 6.2 cm long, 7 cm wide and 0.1 cm deep. The wound bed revealed 10% eschar (a dry, dark scab or falling away of dead skin), moderate sanguineous (containing blood) drainage and a faint odor.</p> <p>The facility failed to identify the right heel as the location of the pressure ulcer and failed to correctly stage the pressure ulcer on 4/2/2025.</p> <p>Review of the Skin and Wound Evaluation . sheet dated 4/9/2025, revealed a deep tissue injury with deep red maroon or purple discoloration and blanchable, located at the right Achilles, that measured 3.9 cm long, 4.6 cm wide and 0.1 cm deep. The wound bed revealed 80% eschar, moderate serous (clear liquid part of blood) drainage and a faint odor. The resident complained of intermittent (coming and going) wound pain rated at a 5 (moderately strong) out of 10 (numerical tool used to assess the intensity of pain).</p> <p>The facility failed to identify the right heel as the location of the pressure ulcer and failed to properly stage the pressure ulcer on 4/9/2025.</p> <p>Review of a progress noted dated 4/9/2025, revealed Resident seen by [Named Provider] with new orders . wound care referral r/t [related to] wounds on heels .</p> <p>There was no documentation to show a physician's order was entered for the wound care referral ordered on 4/9/2025.</p> <p>Review of the transportation sheets dated 4/11/2025, revealed staff did not notify the provider of unsuccessful attempts to make a wound care appointment for Resident #99.</p> <p>The facility was unable to provide documentation to show the provider was notified of failed attempts on 4/11/2025 to schedule Resident #99's wound care appointment.</p> <p>Review of the Skin and Wound Evaluation . sheet dated 4/16/2025, revealed a deep tissue injury with deep red maroon or purple discoloration and blanchable, located at the right Achilles, that measured 4.9 cm long, and 4.3 cm wide. The wound bed revealed 10% slough, 60% eschar, heavy, sanguineous drainage, and a strong odor. The resident complained of intermittent wound pain rated at a level of 5 out of 10.</p> <p>(continued on next page)</p>		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 445492	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 06/05/2025
NAME OF PROVIDER OR SUPPLIER Ripley Healthcare and Rehab Center		STREET ADDRESS, CITY, STATE, ZIP CODE 118 Halliburton Drive Ripley, TN 38063	
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 0686</p> <p>Level of Harm - Immediate jeopardy to resident health or safety</p> <p>Residents Affected - Few</p>	<p>The facility failed to correctly identify the location (right heel) and failed to properly stage Resident #99's pressure ulcer on 4/16/2025.</p> <p>Review of the Skin and Wound Evaluation . sheet dated 4/22/2025, revealed a deep tissue injury with deep red maroon or purple discoloration and blanchable located at the right Achilles, that measured 5 cm long, and 6.3 cm wide. The wound bed revealed heavy, sanguineous drainage, and a strong odor.</p> <p>The facility failed to correctly identify the location and failed to properly stage Resident #99's right heel pressure ulcer on 4/22/2025.</p> <p>Review of the Skin and Wound Evaluation . sheet dated 4/29/2025, revealed a deep tissue injury with deep red maroon or purple discoloration and blanchable, located at the right Achilles, that measured 4.9 cm long, and 3.8 cm wide. The wound bed revealed evidence of infection that included redness/inflammation, revealed fibrin, bleeding, heavy, serosanguineous drainage (drainage that is thin, watery, and pale red or pink in color; excessive or prolonged amounts could indicate not healing properly, signs of infection, or other complication) and a strong odor. The resident complained of a 5 out of 10 pain level at dressing change.</p> <p>The facility failed to correctly identify the location and failed to properly stage Resident #99's right heel pressure ulcer on 4/29/2025.</p> <p>There were no documented attempts to schedule Resident #99's wound care appointment until 4/30/2025, 12 working days from the 4/11/2025 attempts.</p> <p>Review of a progress note for Resident #99 dated 5/1/2025, revealed a wound care appointment scheduled for 5/9/2025 was changed to 5/16/2025 due to lack of transportation.</p> <p>Resident #99 was not transported to the scheduled wound care appointment on 5/9/2025.</p> <p>There was no documentation the provider was notified the wound care appointment for Resident #99 could not be kept on 5/9/2025.</p> <p>Review of the Skin and Wound Evaluation . sheet dated 5/6/2025, revealed a deep tissue injury with deep red maroon or purple discoloration and blanchable, located at the right heel that measured 4.5 cm long, 3.7 cm wide and 2.5 cm deep. The wound bed revealed 90% slough. The wound bed revealed evidence of infection that included redness/inflammation, a heavy, serosanguineous drainage, and a strong odor. The surrounding skin revealed maceration (softening or breakdown of the tissue due to excessive moisture: wet white, waterlogged tissue that can be caused by excessive wound drainage or improper wound treatment, sweating, and urinary incontinence). The resident complained of a 5 out of 10 pain level at dressing change.</p> <p>There was no documentation the provider was notified Resident #99's wound location had been documented as changed from right Achilles to right heel.</p> <p>(continued on next page)</p>		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 445492	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 06/05/2025
NAME OF PROVIDER OR SUPPLIER Ripley Healthcare and Rehab Center		STREET ADDRESS, CITY, STATE, ZIP CODE 118 Halliburton Drive Ripley, TN 38063	
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 0686</p> <p>Level of Harm - Immediate jeopardy to resident health or safety</p> <p>Residents Affected - Few</p>	<p>Review of the Skin and Wound Evaluation . sheet dated 5/12/2025, revealed a deep tissue injury with deep red maroon or purple discoloration and blanchable, located at the right heel, that measured 5.9 cm long, 6.4 cm wide and 2.7 cm deep. The wound bed revealed 100% eschar, evidence of infection that included redness/inflammation, revealed heavy, serosanguineous drainage, and a strong odor. The surrounding skin revealed maceration (softening or breakdown of the tissue due to excessive moisture: wet white, waterlogged tissue that can be caused by excessive wound drainage or improper wound treatment, sweating, and urinary incontinence) The resident complained of a 5 out of 10 pain level at dressing change.</p> <p>Review of the Skin and Wound Evaluation . sheet dated 5/19/2025, revealed a deep tissue injury with deep red maroon or purple discoloration and blanchable, located at the right heel, that measured 9 cm long, 4.5 cm wide and 3 cm deep. The wound bed revealed 100% eschar, 100% slough, bone, heavy, serosanguineous drainage, and a strong odor. The surrounding skin revealed maceration and denudation (loss of epidermis). The resident complained of a 5 out of 10 pain level at dressing change.</p> <p>Review of a progress note for Resident #99 dated 5/16/2025, revealed a wound care appointment scheduled for 5/16/2025 was changed to 5/23/2025 due to lack of transportation.</p> <p>There was no documentation the provider was notified the wound care appointment for Resident #99 could not be kept on 5/16/2025.</p> <p>Review of a progress note dated 5/20/2025 at 9:32 AM, .Resident sent to the ER [Emergency Room] for eval [evaluation] per family wishes .</p> <p>Review of Hospital #2's ED [Emergency Department] to Hosp-[Hospital] Admission note for Resident #99 revealed, .5/20/2025 .Pressure Injury Right Heel .Present on Original admission .</p> <p>Review of Hospital #2's Hospitalist Progress Note for Resident #99 dated 5/21/2025, revealed .Right heel ulcer .</p> <p>Review of Hospital #2's Hospitalist Progress Note dated 5/22/2025, revealed .Right heel wound is large with white fiber necrotic tissue around the border and large amount of exposed calcaneus [heel bone] with loss of cortical [protective, outer layer] tissue .Discussed severe infection of the right heel with a daughter .Continue IV [intravenous/through the vein] antibiotics .Pressure ulcer right heel Stage 4 .</p> <p>Review of Hospital #2's .GENERAL INPATIENT PROGRESS NOTE . dated 5/25/2025, revealed .Sepsis [an extreme immune response to infection that can lead to tissue damage, organ damage, or death if not treated right away] sec [secondary] to MRSA [Methicillin Resistant Staphylococcus aureus is a type of bacteria that is resistant to many common antibiotics including methicillin and other penicillin related drugs] bacteremia source-multiple wounds/heel wounds/foot wounds .</p> <p>Review of Hospital #2's .CARDIOLOGY . note dated 5/25/2025, revealed Resident #99 had an MRI [Magnetic Resonance Imaging is a medical imaging technique that uses a powerful magnetic field and radio waves to create detailed images of the inside of the body] to the right foot on 5/20/2025. Further review revealed, .MRI of the Right foot and hind foot was performed .Findings are concerning for osteomyelitis [inflammation of bone caused by infection] .</p> <p>(continued on next page)</p>		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 445492	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 06/05/2025
NAME OF PROVIDER OR SUPPLIER Ripley Healthcare and Rehab Center		STREET ADDRESS, CITY, STATE, ZIP CODE 118 Halliburton Drive Ripley, TN 38063	
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 0686</p> <p>Level of Harm - Immediate jeopardy to resident health or safety</p> <p>Residents Affected - Few</p>	<p>Review of Hospital #2's .Hospitalist PROGRESS NOTE . dated 5/26/2025, revealed .Right heel ulcer . Severe sepsis with AKI [Acute Kidney Injury] due to staph aureus bacteremia [a blood stream infection] related to multiple wounds/heel wounds/foot wounds .Pressure ulcer right heel Stage 4 .</p> <p>Review of Hospital #2's .Operative Note . dated 5/28/2025, revealed .Amputation Below Knee, Right . Findings: Right heel open wound with gangrene [death of tissue that can lead to discoloration, pain, release of foul-smelling gases] and purulence [pus, a thick, yellowish fluid typically indicating infection] drainage .</p> <p>During an interview on 5/29/2025 at 11:00 AM, Licensed Practical Nurse (LPN) D was asked if Resident #99's right heel wound had an odor. LPN D stated, .Yes, it had gotten bad . LPN D confirmed she did not notify the provider that Resident #99 had an odor to the right heel wound that had gotten bad.</p> <p>During an interview on 5/30/2025 at 8:41 AM, Certified Nurse Assistant (CNA) C was asked if she was aware of the resident's (#99) wound to right heel. CNA C stated, .[Resident #99] had the bandages on her foot, it would drain and have a really bad odor you could smell it in the hallway .</p> <p>During an interview on 5/30/2025 at 11:51 PM, LPN B was asked to tell this surveyor about Resident #99's wound to the right heel. LPN B stated .The right heel had green drainage on the pads and dressing .stayed the same even when the order was changed .it (right heel wound) started as a dry spot .dry spots all over her body that would flake and open and leave a red spot . LPN was asked did you notify anyone of the green drainage. LPN B stated, "No .</p> <p>During an interview on 5/30/2025 at 2:35 PM, the Medical Director (MD) confirmed a referral for wound care was made on 4/9/2025 and staff should have notified the provider that the resident had missed wound care appointments due to transportation. The MD stated, .I would have sent her to the hospital earlier .</p> <p>During an interview on 5/30/2025 at 4:18 PM, the Director of Nursing (DON) confirmed when there is a problem with transportation and the resident cannot make a scheduled appointment the provider should be notified.</p> <p>During an interview on 6/2/2025 at 10:27 AM, Nurse Practitioner (NP) E was asked to tell this surveyor about Resident #99. NP E stated, .never saw wounds and never saw the resident .the day before the resident went to the hospital was the first time I ever heard about the resident . NP E confirmed she had not been notified of the resident's missed wound care appointments or the right heel wound's deterioration.</p> <p>The facility to failed notify Resident #99's Nurse Practitioner regarding the condition of the right heel, which had redness/inflammation, moderate, serosanguineous exudate and a strong odor that was noted after cleaning and failed to notify the resident's NP that the resident had missed a 5/16/2025 wound care appointment.</p> <p>(continued on next page)</p>		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 445492	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 06/05/2025
NAME OF PROVIDER OR SUPPLIER Ripley Healthcare and Rehab Center		STREET ADDRESS, CITY, STATE, ZIP CODE 118 Halliburton Drive Ripley, TN 38063	
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 0686</p> <p>Level of Harm - Immediate jeopardy to resident health or safety</p> <p>Residents Affected - Few</p>	<p>During an interview on 6/2/2025 at 10:40 AM, LPN A confirmed the provider was not notified on 5/1/2025 that a 5/9/2025 appointment for wound care could not be kept due to transportation and confirmed on 5/1/2025 she changed the appointment to 5/16/2025. The facility failed to contact another transportation provider for the 5/9/2025 appointment. LPN A confirmed there was no documentation that the provider was notified on 5/16/2025 that the resident could not make it to the wound care appointment due transportation.</p> <p>During an interview on 6/2/2025 at 3:01 PM, the MD confirmed a 5/9/2025 visit to see Resident #99. The MD was asked to describe the right heel wound during the 5/9/2025 in house visit. The MD stated, .her wounds were wrapped I did not see [Resident #99's right heel pressure ulcer] .</p> <p>The facility was failed to notify the provider, during the provider's 5/9/2025 visit, of the condition of Resident #99's wound to right heel. The facility was aware on 5/1/2025 that the resident would not be able to make the 5/9/2025.</p> <p>During an interview on 6/4/2025 at 9:45 AM, the DON confirmed staff should notify the provider when a referral appointment cannot be made, when the appointment date cannot be kept, and when a resident appointment is missed. The DON confirmed staff should notify the provider of new skin issues and notify the provider when there is a change in the condition of the wound.</p> <p>During an interview on 6/4/2025 at 11:06 AM, the Assistant Director of Nursing (ADON)/Wound Care Nurse confirmed when new skin conditions are found staff should notify a provider. The wound care nurse confirmed peeling heels could turn into a pressure ulcer. The ADON was asked about the location of Resident #99's right heel wound. The ADON stated, They were documenting as the Right Achilles. I had to change it to right heel to define where it was at.</p> <p>During an interview on 6/4/2025at 11:56 AM, the DON confirmed nursing staff should have entered the physician order for the wound care referral for Resident #99 on 4/9/2025 but failed to enter the order.</p> <p>During an interview on 6/4/2025 at 12:04 PM, the Administrator was asked what the process was for making appointments when given a referral. The Administrator stated We try to set up [appointments] quickly .if [there is] a problem .can relate to the oncoming nurse .you keep working .</p> <p>There was no documentation to show the facility scheduled wound care appointments between 4/12/2025 and 4/29/2025.</p> <p>An acceptable removal plan, which removed the immediacy of the Jeopardy, was received and validated on 6/5/2025, through policy review, review of staff education records, and interviews.</p> <p>Identification of Residents Affected or Likely to be Affected:</p> <p>1.</p> <p>Resident # 99 was discharged from the facility on 5/20/2025.</p> <p>Actions to identify other Residents who may have been affected</p> <p>(continued on next page)</p>		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 445492	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 06/05/2025
NAME OF PROVIDER OR SUPPLIER Ripley Healthcare and Rehab Center		STREET ADDRESS, CITY, STATE, ZIP CODE 118 Halliburton Drive Ripley, TN 38063	
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 0686</p> <p>Level of Harm - Immediate jeopardy to resident health or safety</p> <p>Residents Affected - Few</p>	<p>On 06/04/2025 the Director of Nursing, Assistant Director of Nursing and Unit Manager completed a head-to-toe skin assessment on all current residents to identify any resident with a pressure injury, any resident with a pressure injury will be assessed by the Director of Nursing, Assistant Director of Nursing or Unit Manager for deterioration in the pressure injury and validate appropriate staging. Any Pressure Injury staging or classification concerns or concerns with deterioration identified will be reviewed with the MD or Nurse Practitioner for further recommendations by 06/05/2025.</p> <p>On 06/05/2025 the Director of Nursing (DON), Assistant Director of Nursing (ADON), and / or Unit Manager (UM) conducted an audit of current resident's progress notes for the past 14 days as well as current physician orders for referral consultation for outpatient treatment not completed. Any outstanding referrals identified will be communicated with MD by 06/05/2025.</p> <p>Actions to prevent reoccurrence:</p> <p>-On 6-4-2025 the Regional Director of Clinical Services conducted re-education with the Director of Nursing, Assistant Director of Nursing and Unit Manager on Pressure Injury staging and classification.</p> <p>-The Director of Nursing, Assistant Director of Nursing, Staff Development Coordinator (SDC) or Unit Manager will conduct re-education with all current licensed Nurses on staging and classification of Pressure Injury with posttest demonstration accuracy of 100%. No Licensed Nurse will work after 06/05/2025 without having had this re-education and posttest. The facility does not employ an agency, and new nurses will receive this education during orientation.</p> <p>-The Director of Nursing reviewed the Pressure Injury Prevention and Management policy on 06/05/2025 to identify any concerns and none were noted.</p> <p>-On 06/05/2025 the Unit Manager and/or Social Services have been assigned to schedule appointments and transportation.</p> <p>-On 06/05/2025 the Business Office Manager and/or Admissions Coordinator will be responsible for obtaining applicable insurance authorization related to transportation.</p> <p>-The DON, ADON or UM will review the transportation consultation log (log to monitor outpatient appointments and completion) in the morning meeting to identify any outstanding outpatient treatment scheduled and completed and will contact physician / Nurse practitioner if not completed as scheduled.</p> <p>How the facility will monitor actions:</p> <p>The facility conducted an ad hoc QAPI (Quality Assurance Performance Improvement) meeting on 06/05/2025 to review the removal plan and for need of further recommendations and none were noted. In attendance at a minimum was the Administrator, DON (Infection Prevention Nurse), ADON, UM (Utilization Manager) and Medical Director by phone.</p> <p>(continued on next page)</p>		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 445492	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 06/05/2025
NAME OF PROVIDER OR SUPPLIER Ripley Healthcare and Rehab Center		STREET ADDRESS, CITY, STATE, ZIP CODE 118 Halliburton Drive Ripley, TN 38063	
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 0686</p> <p>Level of Harm - Immediate jeopardy to resident health or safety</p> <p>Residents Affected - Few</p>	<p>The DON, ADON, or UM will audit 5 residents with a pressure injury if available per week, to validate that the wound has been appropriately staged and physician / NP notified if deteriorated. Weekly x (times) 12 weeks. Results of audits will be reviewed with the QAPI committee monthly x 3 months, and any time concerns are identified, findings will be presented to the QAPI committee by the DON.</p> <p>The Administrator or DON will audit the transportation consultation log weekly to validate notification to physician or NP of any missed scheduled outpatient treatments. The results of these audits will be presented to the QAPI committee by the Administrator or DON monthly x 3 months and anytime concerns are identified for further recommendations. After three months, the QAPI committee will review recommendations of frequency. Members of the QAPI committee will consist of at a minimum the Administrator, Director of Nursing, ADON, and Social Services Director with the Medical Director attending at least quarterly.</p> <p>Date Facility Asserts Likelihood for Serious Harm No Longer Exists: 06/05/2025</p>		