STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	445492	A. Building B. Wing	05/06/2026

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Ripley Healthcare and Rehab Center	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)
F 0553 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Allow resident to participate in the development and implementation of his or her person-centered plan of care. **NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** Based on facility policy review, medical record review, and interview, the facility failed to ensure care plan conference meetings were held quarterly for 2 of 2 (Resident #5 and #10) sampled residents reviewed for care plan meetings. The findings include: 1.Review of the facility policy titled, Participation in 72 Hour Care Review-Assessment/Care Plans, dated 3/20/2024, revealed .Each resident and his/her family members are encouraged to participate in the development of the resident's comprehensive assessment and care plan.The resident and his/her family, and/or the legal representative are invited to attend and participate in the resident's assessment and care planning conference.The Comprehensive Care Conference is scheduled after the completion of the Comprehensive Care Plan and quarterly. Document the outcome of this meeting in the progress notes.Give seven (7) day advance notice of the care planning conference to the resident and interested family members for all conferences. 2. Review of the medical record revealed Resident #5 was admitted to the facility on [DATE], with diagnoses including Cerebral Infarction, Diabetes, Parkinsons, and Dementia. Review of the facility form titled, Care Plan Conference Summary., revealed that the last Care Plan Conference was completed by the facility on 10/7/2025. Review of the quarterly MDS assessment dated [DATE], revealed Resident #5 scored a 14 on the Brief Interview for Mental Status (BIMS) assessment, which indicated he was cognitively intact. Review of the annual Minimum Data Set (MDS) assessment dated [DATE], revealed Resident #5 scored a 14 on the Brief Interview for Mental Status (BIMS) assessment, which indicated he was cognitively intact. Review of the Care Plan dated 4/14/2026, revealed Resident plans to stay long-term in the Skilled Nursing Facility .Actively involve the resident/family in the resident's plan of care . The facility was unable to provide documentation that Resident #5 and/or her representative was invited to the Care Plan meeting after the completion of the 12/30/2025 quarterly MDS assessment and the 3/30/2026 annual MDS assessment. 3.Review of the medical record revealed Resident #10 was admitted to the facility on [DATE], with diagnosis of Cerebral Infarction, Dementia, Epilepsy, and Dementia. Review of the Care Plan dated 6/10/2025, revealed Resident plans to stay long-term in the Skilled Nursing Facility .Actively involve the resident/family in the resident's plan of care . Review of the facility form titled, Care Plan Conference Summary., revealed that the last Care Plan Conference was completed by facility on 10/14/2025. Review of the quarterly MDS assessment dated [DATE], revealed Resident #10 scored a 10 on the BIMS assessment, which indicated was moderately cognitively impaired. Review of the quarterly MDS assessment dated [DATE], revealed Resident #10 scored an 8 on the BIMS assessment, which indicated she was moderately cognitively impaired. The facility was unable to provide documentation that Resident #10 and/or her representative was invited to the Care Plan meeting after the completion of the 4/10/2026 quarterly MDS assessment and the 1/28/2026 annual MDS assessment. During an interview on 5/5/2026 at 11:20 AM, the Director of Nursing (DON) was asked how often care plan meetings should be held with the resident and/or representative. The DON stated, Quarterly usually. The DON was asked who should be invited to these meetings. The DON stated, Their family and sometimes the residents. The DON was asked would you expect these meetings to have been (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 0553 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	completed quarterly. The DON stated, Yes. The DON was asked are you able to provide any documentation that the care plan conference meetings were held quarterly for Residents #5 and #10. The DON stated, No, we have looked and cannot find any documentation.

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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 0641 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Ensure each resident receives an accurate assessment. **NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** Based on policy review, Centers for Medicare & Medicaid Services (CMS) manual, medical record review, observation, and interview, the facility failed to complete an accurate Minimum Data Set (MDS) assessment for 3 of 12 (Resident #12, #31 and #32) residents reviewed for MDS discrepancies. The findings included: 1. Review of the facility's policy titled, MDS 3.0 Policy, dated 1/24/2024, revealed .It is the policy of this facility to utilize the .Resident Assessment Instrument (RAI) Manual as the source document for any/all MDS scheduling, encoding, completion, submission, correction, and retention requirements . Review of the CMS manual titled, Centers for Medicare & Medicaid Services.Long-Term Care Facility Resident Instrument 3.0 User's Manual Version 1.20.1, dated October 2025, revealed .The CMS Long-Term Care Facility Resident Assessment Instrument User's Manual is the primary source of information for completing an MDS assessment.an accurate assessment requires collecting information from multiple sources, some of which are mandated by regulations.nursing homes are responsible for ensuring that all participants in the assessment process have the requisite knowledge to complete an accurate assessment.The MDS is completed for all residents in Medicare- or Medicaid-certified nursing homes. 2. Review of the medical record revealed Resident #12 was admitted to the facility on [DATE], with diagnoses including Tracheostomy (trach) Status (surgical procedure that creates an opening, into the windpipe to allow air to pass directly into the lungs), Shortness of Breath, and Respiratory Failure. Review of the annual MDS assessment dated [DATE], revealed Resident #12 scored a 15 on the Brief Interview for Mental Status (BIMS) assessment, which indicated she was cognitively intact. The MDS section 00110 was not coded to reflect Resident #12 received tracheostomy (trach) care. Review of the Physician Order dated 1/27/2026, revealed an order .Trach care daily with tie change as follows: Cleanse site with sterile water daily and PRN [as needed] .for Trach Care and Management . The facility failed to accurately assess for tracheostomy status on the MDS. Observation in the Resident #12's room on 5/4/2026 at 10:40 AM, revealed Resident #12 is lying in the bed watching television with oxygen infusing at 4 liters per minute by trach mask. During an interview on 5/5/2026 at 11:16 AM, the MDS Coordinator was asked if the annual MDS for Resident #12 should be coded for tracheostomy care. The MDS Coordinator stated, .yes, it should be . During an interview on 5/5/2026 at 10:08 AM, the Director of Nursing (DON) confirmed that Resident #12 should have been coded for a tracheostomy care. 3. Review of the medical record revealed Resident #31 was admitted to the facility on [DATE], with diagnoses including Chronic Obstructive Pulmonary Disease, Cerebral Infarction, Diabetes, and Anxiety. Review of the admission MDS dated [DATE], revealed Resident #31 scored a 5 on the BIMS assessment, which indicated she was severely cognitively impaired, and exhibited behaviors that included wandering during the assessment period. Review of the Physician Order dated 10/24/2025, revealed .wander guard bracelet [an electronic safety system used to prevent residents with dementia or Alzheimer's disease from wandering out of the building unsupervised] to be applied for Dementia with wandering behaviors . Review of the quarterly MDS assessment dated [DATE], revealed Section P item P0200 was not coded to reflect the use of an elopement alarm. The facility failed to accurately assess Resident #31's self-care and transfer abilities and elopement alarm status on the MDS. Observation in the Resident #31's room on 5/5/2026 at 2:45 PM, revealed the resident had a wander guard placed on her right ankle. During an interview on 5/5/2026 at 4:45 PM, the MDS Coordinator was asked if the MDS assessment dated [DATE] should be updated to reflect the use of an elopement alarm. The MDS Coordinator stated, .I missed that .Yes it definitely should have been marked . During an interview on 5/6/2026 at 12:00 PM, the DON was asked if the MDS assessment should reflect the current status of the resident including use of an elopement alarm. The DON stated, .Yes it should . 4. Review of the medical record revealed Resident #32 was admitted to the facility on [DATE], with diagnoses of Dementia with Psychotic Disturbances, Anxiety, Schizoaffective Disorder, (continued on next page)

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F 0641 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	and Seizures., Review of the quarterly MDS assessment dated [DATE], revealed Resident #32's BIMS score assessment was not conducted. Section C for Cognitive Patterns including sections C0200, C0300, C0400, and C0500 that were incomplete. Section D for Mood including items D0100, D0150, D0160, D0500, D0600, and item D0700 for Social Isolation were incomplete. Section GG for Functional Abilities including items GG0130 and GG0170 that were incomplete. Review of the annual MDS assessment dated [DATE], revealed Resident #32's assessment for BIMS score was not conducted. Section C for Cognitive Patterns including items C0100 through C1000 were incomplete. Section D for Mood including items D0100, D0150, D0160, D0500, D0600, and item D0700 for Social Isolation were incomplete. During an interview on 5/5/2026 at 4:29 PM, the MDS Coordinator was asked if the Mood Section should have been completed on the quarterly MDS dated [DATE]. The MDS Coordinator stated, I think the mood assessment should be on every quarterly on every assessment. The MDS Coordinator was asked should Section GG be completed on every quarterly MDS. The MDS Coordinator stated, Yes, I do not know what happened that the GG section was not assessed. The MDS Coordinator was asked if the mood section should have been completed on the annual MDS dated [DATE]. The MDS Coordinator stated, They have been in between social workers and that may be why the mood section did not get assessed, it should have been on the 2/20/2026 annual . The MDS Coordinator was asked if Section C was not assessed on the annual MDS dated [DATE], would that be an incomplete MDS. The MDS Coordinator stated, Not for sure. The facility failed to accurately assess Resident #32's Cognition, Mood, and Functional Abilities on the MDS.